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ART. I.—*Is Strychnia Cumulative in the System? Does it affect the Encephalon?* By W. G. THOMAS, M. D., Camden, New Jersey.

As the above questions have of late been discussed *pro* and *con*, I shall, by your leave, contribute my mite in the way of facts, leaving theoretical discussion to others better qualified for it. The tincture of nux vomica has become quite a favorite remedy with me in cases of deficient innervation, as a general tonic, &c.; so much so, that I should be sorry were positive evidence found of its cumulative action. In my experience I have found no such evidence. I have given it in doses large enough to excite involuntary action of the muscles of the face and extremities for two, four, and six weeks continuously, and instead of the medicine showing an accumulative action, the patients almost invariably showed a diminution of susceptibility to the action of the remedy. I have always found the dose to be an experimental one; that is, I have nearly always had to feel my way upward from a minute quantity until its action was perceptible, the maximum dose varying very much in different individuals. I have not kept a regular account of my cases, but have some of them very vividly impressed upon my mind by some "wonderful cures," which I ascribed to the action of the tincture of nux vomica. This day, Dec. 8th, I visited a patient whom I had under the use and the *influence* of the medicine since the fifth day of November last. To day, I erased his name from my visiting list, he having been *cured* by the continuous use of the tincture of nux vomica for five consecutive weeks. The patient alluded to, a son of a Mr. F., is aged

about eight years. I was called in to see him on the twenty-second day of October. He was down with typhoid fever of that peculiar, low, intermittent form which has so strangely characterized this fever in Camden and vicinity this fall and winter, bidding defiance to antiperiodics, and yet differing very much from our ordinary typhoid fever. The case was a neglected one, the patient having been sick two weeks previous to my visit, and without regular medical attendance. The usual treatment was adhered to, modified by the peculiar state of the case, calomel, quinia, turpentine, diaphoretics, milk-punch, &c., with occasional use of astringents and opiates to check diarrhœa, and lull pain in the bowels. There was evidently a diseased condition of Peyer's glands. He rallied in the course of a few days, and kept on improving gradually in strength, gained an excellent appetite, and became able to sit propped up in a chair. On the fifth day of November, his mother called my attention to the completely palsied condition of the lower extremities. He was not only unable to stand, but was unable to exercise any power over them; they obeyed only the power of gravitation, falling carelessly from side to side as the position of his body was changed. I ordered half an ounce of tinct. nux vomica in one ounce of white wine; ordered six drops three times a day (equal two drops pure tinct. at a dose). But the medicine acted so violently, especially during sleep (causing the mouth to be drawn with a quick motion from side to side, the eyeballs to roll rapidly backward and forward, upward and downward, the hands to leap convulsively to the head), that I ordered the dose reduced to four drops (equal one and a third drops pure tinct.), three times a day. This caused the same actions, but in a minor degree. As the system became less susceptible, the dose was gradually increased to twelve drops (equal four drops pure tinct.), three times a day. The patient, after the lapse of ten days, was able to support his own weight for a few moments at a time upon his lower extremities. He kept on gradually improving, appetite voracious, and now, December 8th, upon my visiting him, he walked briskly backward and forward across the room without any staggering, or showing any sign of fatigue. Ordered the medicine gradually withdrawn.

In this case, you will perceive, instead of an accumulation, there was a loss of power, twelve drops (equal four drops pure

tinct.), at the end of five weeks, scarcely causing a twitch of the muscles, although one-third that amount, in the beginning, caused pretty violent contractions. Should any evil effects follow in this case, I shall feel bound to inform you.

Another case. Two years ago I was called in to attend to a Mr. G., aged thirty years. Typhoid remittent. Recovered under the usual treatment. Improved rapidly in flesh; obtained full use of the upper extremities; but the lower extremities were powerless. I resorted to friction, &c., and various internal remedies for a week or ten days. I had never used strychnia, or any of the preparations of nux vomica, and was in fact afraid of it. I determined to try the tinct. nux vomica; gave it in ten drop doses (pure) three times a day, gradually increased to thirty drops. When we reached the thirty drops (pure tinct. three times a day), the contractions being quite perceptible, came back to twenty-six drops, but eventually returned to the thirty. In two weeks the patient was able to walk, run, and jump, and is now, and has been for the last two years, in the enjoyment of good health, though I am sorry to add, he seems to think the pleasure of curing him should be my sole and sufficient reward. I might go on and show other cases similar to the foregoing, but these I presume will suffice.

Does it affect the Encephalon?

I think it does. The boy, whose case I have first related, would invariably complain of headache, and become stupid and drowsy in fifteen or twenty minutes after taking the medicine, and would frequently, after taking the medicine, fall into a sound sleep, from which he would be awakened with some difficulty, the violent twitching of the muscles and rolling of the eyes inducing the mother to waken him. I have not seen so decided an effect upon the brain in any other case, yet I frequently have heard my patients complain of the medicine affecting their heads. It could not be the small quantity of alcohol in the dose of twelve drops in the boy's case, for he was in the habit of drinking daily a goodly quantity of milk-punch, in his fondness for which favorite medicine he would have commanded the admiration of a confirmed toper; and the drowsiness was shown only and regularly in fifteen or twenty minutes after taking the tincture of nux vomica. It would be well for some one to experiment upon some

of the lower animals with minute doses of strychnia, with a view of ascertaining whether there be any cumulative action upon the system.

ART. II.—*Case of Spasm of the Stomach involving the Motor Power.* By W. JOHNSON, M. D., White House, N. J.

MAY 22, 1856. I was called upon this morning to visit Theodore H., a strong young man, aged twenty-two years, with spasm of the stomach. The irritation had been radiated from the stomach to the nervous centres, and by reflex action to the muscular system. There was violent cramp of the muscles of the calf of the leg, and general clonic spasms of the muscles of the arms and trunk of the body. These spasms were so violent as to require the aid of three or four strong men to confine the patient in the bed; they recurred at intervals of three or four minutes. Consciousness was not impaired, though some mental aberration was present. His pulse was full but soft; his face flushed; and he complained of pain and uneasiness about his head. He complained also of a very great loss of strength. There was some irritability of the stomach. After the spasms had somewhat abated, severe rigors took place, so that his teeth chattered. Every attack of general spasm was preceded by pain in the stomach. I did not think that the case called for the lancet, but the symptoms were very urgent. I gave him immediately a teaspoon, containing about sixty drops, full of chloroform, with a little water, and soon after a teaspoonful of ext. valerian. In fifteen minutes more, as the spasms still remained severe, I gave him half a teaspoonful more of the chloroform with the one-third of a grain of morphia. I soon gave him thirty drops more of the chloroform and one-sixth of a grain of morphia. He was now very much relieved, and the spasms of the muscles passed off and the neighbors returned home. He vomited once or twice, and as he had probably thrown off his stomach a portion of his medicine, and still complained of much pain in his stomach, I gave him the one-sixth of a grain more of morphia and thirty drops more of chloroform. When I was first called, I directed the application of a large

sinapism to the epigastrium, and hot applications to the feet. I directed when I left him that one-sixth of a grain of morphia should be given every hour until he was completely relieved, and if the pain became very much increased, thirty drops of the chloroform every half hour in connection with the morphia.

In inquiring into the history of this case, I learned that about two days ago he had worked at repairing his father's pump, and was much exposed thereby whilst in the cistern, and had drooped ever since. He had taken no food since yesterday morning. He had this morning passed two small bloody stools. His mother had given him four purgative pills before I was called in.

I had not been at home more than an hour and a half when I was again sent for to visit Theodore. The clonic spasms had returned with violence. His father gave him two doses more of the chloroform, each dose containing thirty drops, and one more dose of one-sixth gr. of morphia. He was very much relieved before I arrived at the house. The general spasms had passed off, and he had very little pain in his stomach. He now complained of pain in his back, his limbs, and his chest, in taking a full inspiration. I left him eight Dover's powders with directions to take one every two hours unless they rendered him too soporose; if so, to take them every three or four hours, and whilst taking them to omit the morphia and chloroform. At the same time I directed hot fomentations to the legs of salt and water, and to have these repeated every half hour, and to be continued two or three hours.

I saw Theodore twice in the afternoon. There has been no return of the spasms. He is in a fine perspiration, which I wished to be encouraged, and to be kept up for five or six hours. His pulse, which was at one hundred in the morning, has now fallen to ninety. I left a dose of calomel to be taken towards morning.

23*d*. Visited patient to day; is doing well; has had no return of spasm; free from pain; bowels moved twice since yesterday without anything more than the pills administered by his mother before my first visit; has taken nothing but the Dover's. He perspired freely after taking them and using the fomentations to his legs; perspiration kept up five or six hours; skin moist throughout the night; tongue slightly furred this morning; pulse sixty, soft; to take the Dover's to-day every six or eight hours. He recovered rapidly, and has had no return of this complaint.

Remarks.—I publish this case as an appendix to an article on spasm of the stomach, which I furnished for the October number of the 7th volume of the *Reporter*. In that article I called attention to the great value of the antispasmodic powers of chloroform. At the time I wrote that article, I had never found it necessary to administer chloroform in a larger quantity than eighty drops, and had generally found that from thirty to fifty drops were amply sufficient for the removal of the most severe spasm of the stomach. In the majority of cases I still believe that thirty drops will be found a sufficient dose. In the case, however, which I have related, I administered above two hundred drops, besides over a grain of morphia. This case might have been relieved by the inhalation of chloroform, and had it not yielded to the remedies employed, I should have been tempted to resort to it. I attach much value to the Dover's powders as well as to the chloroform, although they were not resorted to until after the subsidence of the spasms. By their action both on the nervous and cutaneous systems, they in all probability prevented a recurrence of the paroxysms.

This case I thought worthy of a passing notice. It was quite a complicated one. The first link in the causation of disease was the action of cold in the cistern on the cutaneous surface; then the stomach suffered from spasm; from thence irritation was radiated on the great nervous centres, and by reflex action the muscular system became involved in fearful convulsions. Radiation of irritation from the stomach and bowels to the nervous centres is of very frequent occurrence in infancy and childhood, producing spasms of the muscular system, but is rare, I think, in a person of my patient's age.

ART. III.—*Translations from Foreign Journals.* By CH. F. J. LEHLBACH, M. D., Newark, N. J.

Treatment of Purulent Pleuritic Effusion by Injections, especially of Solutions of Iodine.—According to Dr. Ernst Aberz, the fears which were hitherto entertained in regard to paracentesis thoracis,

in cases of purulent effusion into the pleura, are entirely unfounded, inasmuch as the danger arises not from the entrance of air into the pleural cavity, but depends upon the nature of the disease; viz., the changed state of the pleura. The pleura, in his opinion, is covered by a *pyogenic membrane*, which, so long as it is not destroyed or its action changed, continually secretes pus, the consequence of which is, that the patient's strength is finally exhausted by the suppuration. If the pus is only *withdrawn*, without some means being applied of *arresting* its secretion, the patient's life may indeed be shortened, because the suppuration is promoted by an operation. If, however, the method of injecting is resorted to, then a permanent escape of the pus is procured, the secreting membrane is changed in its action, and, in a short time, adhesions of the lung and pleura are obtained. The fluid best adapted for injections, is a solution of iodine with iodide of potassium, as it quickly and easily dissolves fibrin, plastic lymph, and its products.

(It is somewhat difficult to perceive the correctness of this explanation; if the injected fluid dissolves the exuded fibrin, plastic lymph, etc., it must rather interfere with, than promote, the speedy formation of adhesions of which the author speaks. The injection, in all probability, simply stimulates the capillaries, induces a higher degree of action, and thus changes suppurative inflammation into adhesive. With this result, the fibrin-dissolving power of the injected fluid can have little to do.—*Transl.*)

As regards the manner of operating, immediately after the puncture is made, a bougie of small calibre should be brought into the canula, in order to diminish its calibre so that the pus may escape slowly. Several times a day, about half a tumblerful may be withdrawn; during the interval, the canula or bougie is closed with a cork. The object of thus proceeding, is to give the slowly expanding lung time to fill gradually the space previously occupied by pus. When the discharge of pus has ceased, an emollient injection should first be used, to cleanse the cavity and to dilute the pus yet present. Immediately after this, the iodine is injected. If the secretion of pus abates, or the pus alters its nature, the canula or bougie is withdrawn, but a probe is passed several times, every morning and evening, into the opening, to prevent its entire closure. The injections should at first contain

one-tenth tincture of iodine, but be raised gradually to one fifth. If the fistulous opening shows no tendency to heal, and the pus does not soon alter its appearance, it is advisable to use an injection of equal parts of water and tincture of iodine, with sufficient iodide of potassium to keep the iodine dissolved. If the disease is of recent date, and the pus not remarkably thick, only a small quantity of a weak solution should be injected, and not permitted to remain long in the cavity. Such injections are to be considered more as cleansing washes than as curative means. The pain which the patient bears, even after the injection is withdrawn, the change of the pus as regards smell, color, quantity, and consistence, as well as the general condition of the patient, are to be the criterion whether or not the quantity of iodine is to be increased or diminished, and it should be well borne in mind, that a certain degree of local and constitutional irritation must not be transgressed. The existence of a bronchial fistula does not contraindicate the use of injections.

The case in which Aberz resorted to this method, recommended by Boinet, was in a lad, 12 years of age, tall-built, who, in the middle of January, 1853, was attacked with a pneumonia on the right side, which, in the middle of December, was followed by purulent effusion into the pleura. Dyspnœa became so severe that the evacuation of the pus seemed to be the only means of saving his life, and, when Prof. Santessan made the puncture, almost a pitcherful of thick, odorless pus escaped through the canula. Aberz hesitated to use the injection then, but determined to resort to it, as the only means of accomplishing a radical cure, if pus should form again, and puncture become necessary. During four days, everything went on well, the wound closed, and it seemed, on carefully conducted daily examinations, as if the secretion of pus was so insignificant that hopes might be entertained of its becoming absorbed. (Question: Is pus ever absorbed?—*Trans.*) On the morning of the fifth day after the operation, however, so violent dyspnœa had again set in, that the operation had to be repeated. Meanwhile, it was evident that adhesion had begun to form at the apex of the lung and the upper part of the thorax, so that only its lower portion was strongly expanded, the liver depressed and tender. Thick, odorless pus escaped as before, though the quantity was a little less. A large-sized trocar was intro-

duced through the old opening, and a pound of decoct. malv., with quite a large quantity of tepid water, was injected. When the fluid escaped tolerably clear, the following solution was injected:—

Aquæ destil.	ʒxiij;
Tinct. iod.	℈iv (40 grains to the ounce);
Kali iod.	gr. viij.

The canula was then closed with a cork. Reaction being slight, the injection was not withdrawn till the next morning. For several weeks, the injections were repeated, first every two or three days, and then at greater intervals, recovery taking place rapidly, excepting some disagreeable accidents—as erysipelas of the wound, temporary chills, when the pus had not all been removed, and occasional disturbance of the digestive functions. In summing up, the author sets down the following as important rules:—

1. As soon as there is decided evidence of empyema at all considerable, the operation should not be delayed too long, as it is not connected with danger, and *is* necessary. 2. The puncture should be made by incision, and sufficiently large. (To prevent erysipelas?—*Transl.*) 3. When the pus has been withdrawn, which must be done slowly, an elastic tube should be introduced of sufficient size to permit the escape of thick pus. 4. At first, the tube should be closed with a cork, which is to be removed several times a day to let the pus escape. 5. The tube must be taken out daily and cleansed, and tepid water be injected to promote the removal of entangled pus. 6. At first, every second or third day, injections of a weak solution of iodine are made, and left to remain in the cavity for a day, if they cause no pain. Subsequently, the quantity of iodine is increased, but the injections made less frequently. These stronger injections are withdrawn sooner or later, according to the degree of irritation and pain which they produce. 7. Without any regard to the fever, nourishing food and wine, quinia and acids, should be freely administered. If the necessary cleanliness is observed, and the pus left to accumulate only for a few hours, the fever will never rise high. —*Hygiea*, vol. xvi. p. 145, *Medic. Neuigkeiten.*

Paracentesis Thoracis.—Dr. Sédillot performed this operation (*Gaz. des Hôp.*, 1855, No. 66) by perforating a rib. An artillery officer, æt. 29, had suffered for several months from purulent

effusion into the left pleura, accompanied by attacks of severe dyspnœa. Twice he had already been punctured with but transient relief. After having divided the integument, S. perforated the tenth rib, midway between its articulations, with a gimlet-like instrument, and introduced a canula through the opening. Two litres (about three pints) of laudable pus were discharged, and the canula was then closed. Every morning and evening, a portion of pus was withdrawn, as long as the stream did not seem to diminish. After a few days, the pus became sanious, which untoward symptom was removed by injections of tincture of iodine and aromatic infusions. After two months, a pseudo-membranous valve had formed at the internal opening of the wound, which prevented a constant discharge. After six months, an elastic probe was introduced once a day, and about one-half a litre of pus discharged, when, according to circumstances, tincture of iodine or aromatic infusions were injected. The left thorax remained contracted, the corresponding lung unable to perform its function, but the patient's life was preserved. This favorable result is attributed by S. to the operation, from the following reasons: 1. When the pus is discharged gradually in moderate quantity, the crowded organs are better enabled to refill their normal place, and thus to diminish the suppurating surface. 2. Because the retention of a sufficient quantity of fluid, prevents a too sudden diminution of the pressure upon the thoracic organs. —*Medic. Neuigk.*

Hyoscyamin.—In the pharmacological section of the Vienna Society of Physicians, of May 30, Prof. Schroff communicated the results of his experiments with hyoscyamin, which, though allied to atropin and daturin, still exercises upon the nervous system an action somewhat different from that of the latter. The three substances in common are capable of exciting a pneumonia similar to that which occurs after division of the pneumogastric nerve. Three decigrammes of hyoscyamin, dissolved in alcohol, were sufficient to kill a rabbit. Prof. Schroff took himself about three milligrammes of hyoscyamin. An hour after taking it, dryness of the mouth and fauces set in, the pulse became slower, some vertigo appeared, which increased when he walked in the open air, and hence made walking difficult; reading was also connected

with difficulty, and at the next meal there was neither appetite nor taste; pupils were moderately dilated; the dryness of the mouth and fauces increased until swallowing became difficult. Later still, the pulse had increased in frequency by fifteen beats per minute, the same effect which is observed in the administration of atropin, where the pulse first increases and then diminishes in frequency. In two medical students, one of whom had taken three, the other five milligrammes, the same results were observed. The exciting action which atropin and daturin exhibit at first, has not been observed in hyoscyamin, nor has the peculiar effect upon the sphincters been observed which the former exercise, especially of the bladder, causing constant micturition; the paralyzing effect upon the lower extremities was also absent. As a means of dilating the pupil, Schroff prefers hyoscyamin to atropin, as dilatation is effected sooner, and disappears more rapidly.—*Med. Neuigk.*

Collodium in Umbilical Hernia.—Dr. Mahy applied collodium in an umbilical hernia of his own child, after having employed unsuccessfully various modes of compression, and obtained a radical cure in four or five weeks. He remarks:—

1. The collodium should be free from castor oil or oil of turpentine to facilitate its evaporation, and thus make the parts contract better. 2. It should be painted thickly over the tumor and its circumference to the extent of a five franc piece. 3. Reduction of the hernia is produced by the collodium, not only temporarily but permanently. 4. If the integument around the hernia should become strongly folded or reddened, apply simple ointment, or, what is better yet, glycerin. 5. The dressing thus applied should remain seven or eight days. If the collodium peels off, the dressing is renewed, which can be done by the nurse. Washing and bathing does not interfere with the dressing. 6. Collodium fulfils every indication, is easily applied, cheap, and causes the child no pain.—*Gaz. Hebd.*, 1856, No. 18.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of* SAMUEL HENRY DICKSON, M. D., LL. D., Professor of the Theory and Practice of Medicine in the Medical College of the State of South Carolina. By C. HAPPOLDT, M. D., Charleston, S. C.

THE subject of this sketch was born in September, 1798. His early education was obtained in his native city, Charleston, South Carolina. He went to Yale College at the age of 13, and joined the Sophomore Class, graduating in 1814 under the presidency of Dr. Dwight. Returning home, he commenced at once the study of medicine in the office of Dr. Philip Gendron Prioleau; in 1817 he began to practice, during the prevalence of yellow fever; in the two succeeding winters he attended, in the University of Pennsylvania, the lectures of Wistar, Physick, Dorsey, Chapman and others; and received in 1819 the diploma of M. D. He entered at once into business, assisting Dr. Charles H. Glover through that pestilential summer in the Marine and Yellow Fever Hospitals; and has continued ever since to be as fully employed in the profession as he has desired.

Ambitious of distinction and usefulness, he projected, with Drs. Ramsay and Frost, the establishment of a medical college, and, while laboring to carry the enterprise into effect, gave lectures gratuitously on physiology, as Dr. Ramsay did on Surgery. The college went into operation in 1824, Dr. D. being elected without opposition to the chair of Institutes and Practice. Dissentions occurring with the Medical Society of South Carolina—the nominal trustees of the school—he resigned his seat in 1832, but resumed it the next year, under a new charter obtained by his colleagues from the legislature.

In 1847, he accepted the unanimous invitation of the trustees and faculty of the New York University to fill the chair of Practice in that institution, made vacant by the death of Professor Revere. He lectured three winters in the city of New York, with approbation and success; but in 1850 he was induced to return to the South, by the earnest wish of his friends and associates there. The resignation of the chair of Surgery by Professor Bellinger, and the resumption of its duties by Professor Geddings, who had meanwhile filled that of Practice, left the latter open for its former occupant, who had so long held and still occupies it. The whole arrangement presents a rare, if not unparalleled instance of generous self-sacrifice.

On his arrival in Charleston, Dr. Dickson was greeted with the most cordial welcome; and he was honored, by his professional friends and others, with a public dinner, at which the most complimentary testimonials of esteem and regard were tendered him, which were gratefully acknowledged and re-

ciprocated. In 1851, he presided at a similar entertainment given to the distinguished Marshall Hall by the physicians of Charleston. In that year he received from the New York University the honorary degree of LL. D., a compliment peculiarly agreeable to him, as betokening a kind remembrance of his former relations with that institution; and a mark of distinction worthily conferred, because of his great erudition and the eminent position which he occupies in the Republic of Letters.

Devoted to his profession, Dr. Dickson has kept up with the scientific progress of his day; he reads very much, and cultivates literature assiduously, his style being pure Angle-Saxon. Nothing in the domain of human intelligence escapes his vigilant eye; the vast amount of matter thus ingested being thoroughly digested and subjected to his prodigious powers of analysis. He has written extensively for the journals and reviews on every variety of topics. A small volume of his verses—printed but not published—was favorably noticed some years since in the *Southern Literary Messenger*, and is referred to in *Duykinck's Cyclopedia*. At various times and places, he has delivered speeches, lectures, and addresses upon almost every subject of human interest—religious, political, social, educational, and miscellaneous. Among these we may mention the Oration before the Phi Beta Kappa Society of Yale College at the Commencement of 1842, when the Hon. J. C. Calhoun failed, from ill-health, to pronounce the Oration before the Alumni; the Annual Address to the Georgia Historical Society in 1845, at Savannah; an Address to the Agricultural Society of Greenville, S. C., in 1847; and the Centennial Oration before the Grand Lodge of Ancient Free Masons of South Carolina, in 1854.

To him belongs the credit of having made the first *temperance* address ever uttered south of Mason and Dixon's line, taking then the position he has ever since held, denouncing the habitual use of *distilled* liquors as beverages, while he approves of, and favors the employment of the various products of mere fermentation. Hence he warmly advocates and takes pleasure in the success of all efforts to grow the grape in our country, and to manufacture its genial juice into wines of every character and quality.

He is the author of a large number of monographs, dispersed through the American Medical Journals; of two volumes entitled *Outlines of Lectures upon the Theory and Practice of Medicine;* of *Essays on Life, Death, Pain, Intellection, and Hygiene;* and of *Elements of Pathology and Practice.* The last-mentioned work, although intended by the author chiefly as a text-book for his classes, yet contains material from which even the mature practitioner may derive instruction. In the first part of the work—that, namely, which treats of general pathology—the subjects of irritation, congestion, and inflammation—their differences and their relations—have received the most complete, as well as the most lucid exposition of which, in our opinion, they are susceptible; and the essay on the "Types in Fever" is a model of research, analysis, and philosophical deduction.

In his private office, he has taken charge of, and educated a great number of attached pupils—about seventy.

He claims to have been among the first to introduce or accept the modified humoral pathology of the present day; among the first to abandon the ultra heroic treatment of fevers in vogue at the time of his entrance into the profession; among the first to admit and yield to the force of the evidence adduced in modern times, and still accumulating, in proof of the communicability and contagiousness of our western pestilence, yellow fever; among the first in this country to extend the employment of stimulants and anodynes in febrile diseases.

His earlier lectures were written out fully and with great care; for the last ten or twelve years, however, they are entirely oral. He enters the lecture-room without the smallest note or memorandum, and, with wonderful mental arrangement, pronounces extemporaneously his discourses, which are characterized by great perspicuity, fluency, and command of language.

In the practical part of the profession, he is distinguished by rapid mental action, quickness and brilliancy of perception; taking in, as it were, at a glance, all the features of the case, and arriving promptly at a conclusion.

By reason of his profound knowledge of general pathology, he rarely errs in diagnosis; and we hesitate not to state—the statement being founded upon a long course of attentive observation, in which there has been abundant opportunity for verification or falsification—that, in the matter of *prognosis*, he approaches very near to infallibility. Nor is his knowledge in these respects limited to the practice of *medicine* (the branch which he professes); for, although he has always eschewed surgery, yet he is occasionally consulted in obscure cases by his brethren who practise it on an extensive scale, and his views not only receive due consideration, but are frequently adopted and acted upon.

In medical and other polemics, he wields a Damascus blade of the keenest edge; and woe unto him who comes under its stroke! Master of the principles of logic, he seizes the weak point in his opponent's argument, and exposes its sophistry; and he possesses rare ingenuity in extricating himself from a false position, should he be so placed, and in eluding his adversary's grasp.

In his occasional efforts at public speaking, he has acquired enviable distinction, not only by the graces of his oratory, but also by the cogency, force, and point of his remarks, and by the beauty and chasteness of the language in which they are rendered.

No one can know Dr. Dickson without being convinced that not only has Nature been lavish in her gifts to him, but that they have been industriously and successfully cultivated. Conspicuously does he bear the stamp of excellence. He would have excelled in the forum, as he has in the apparently humbler but nobler sphere which he has chosen for his action.

He has of late shrunk from the burden and fatigue of general practice, and has confined himself to consultations with his professional brethren, in which he takes great interest. He has never enjoyed good health. His constitution, originally feeble, has been undermined by the severe and incessant study to which he has been devoted; his youth was constantly threatened

with phthisis, the hereditary disposition to which was shown by occasional hæmoptysis and habitual cough; and his advancing age has been embittered by the severest pangs of renal disease, and some obscure form of agonizing visceral neuralgia.

In closing this hasty sketch, we will only remark that Dr. Dickson's social life is characterized by the exercise of a colloquial power so remarkable as to throw a charm over all who are subjected to its influence, and to render him a conspicuous and attractive member of every circle in which he mingles.

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

Art. V.—*New York Pathological Society.* Reported by E. Lee Jones, M. D., Secretary.

Regular Meeting, *June* 25, 1856.

Single Heart.—Dr. Alonzo Clark presented a *heart* removed from a child, which lived six days and one hour. The case occurred in the practice of Dr. Blakeman, who attributed death to some malformation of the heart. At the request of Dr. Blakeman, he examined it, and on inspection it is seen to be a *single heart*, with one ventricle and one auricle, and, apparently, there is no attempt to produce another ventricle or auricle. The aorta is large. One large vessel arises from the ventricle. From the aorta, at a low point, two vessels are given off. In what manner the blood was conveyed to the lungs is not clearly manifest, though he conjectures that these two vessels were the pulmonary arteries. The child suffered but little inconvenience, was a little blue in the face, was well grown and plump.

Fungus Cerebri—Its Microscopic Examination.—Dr. Clark then exhibited a specimen of common occurrence, and not of much interest in itself, namely, a *portion* of *fungus cerebri*, following a severe injury. It was placed in his hands by Dr. Buck, and at his desire he examined it by the microscope, with a view of ascertaining the nature of the material constituting the excrescence.

Surgeons generally consider it to consist of the substance of the brain; he, however, failed to discover brain matter of either kind, but cells and granules were observed in considerable quantity. No nerve-fibres were seen. It was constituted differently in different portions. One part is composed of granules of various sizes, greatly resembling in structure the diphtheritic membranous exudation described by Bretonneau, and a specimen of which was laid before the members at a meeting of the Society some months ago (February, 1855). Another part is seen to consist of granular cells with minute nuclei, and another contains cells with large nuclei and nucleoli. No part of the cranium could produce a substance similar to the second variety. It is constituted altogether independent of brain matter. In the first and second parts single fibres are seen.

Absorption of Skull from Pressure of Pacchionian Bodies.—Dr. T. C. Finnell presented a *calvaria*, removed from a patient 50 years old, who died of acute bronchitis. On the superior portion of the internal table are four depressions, caused by the pressure of the Pacchionian bodies. In three of them, the absorption has extended through the diploe, leaving only a thin shell of bone between the dura mater and the exterior of the cranium.

Meningitis.—Dr. Finnell next exhibited the *heart* of a boy who died of

acute meningitis. He had always enjoyed good health. Two days previous to his death he was exposed to the sun. In the evening he complained of pain in his head, and during the night he vomited, had high fever, and soon became delirious. Towards the next evening coma commenced, accompanied by slight convulsive twitchings, which recurred at intervals until death, which took place about forty hours after the attack.

Autopsy, twelve hours after death, revealed the anterior surface of the brain covered with pus; no arterial congestion. Sinuses moderately filled with blood. Lungs healthy, but adherent at several points. Mesenteric glands enlarged.

Serous Cysts of Kidneys.—Dr. Cox presented a specimen of *serous cysts of the kidney* for Dr. H. N. Bennett, of Bridgeport, accompanied by a written history.

The pathological specimen here presented was taken from a gentleman 48 years of age at the period of his death. In a symptomatological point of view, I believe this case to have been almost unique. I had been the medical attendant of this man for thirteen years previous to his decease, and during that period he for the most part enjoyed firm health, having a robust frame, and a degree of *embonpoint* approaching at times to corpulence. The only exceptions to his general good health were occasional attacks of what was considered indigestion, the result or accompaniment of some functional derangement of the liver. At these times he suffered much from abdominal pains, gastric irritability, and diarrhœa; the skin became slightly tinged with yellow; the tongue covered with a thin yellowish coat; the quantity of urine was never much diminished, but during the latter years of his life was much increased, and he was commonly required to rise once or twice each night to void it. The patient dated these attacks from a severe dysentery many years previous, since which time he had had—to use his own familiar expression—these "*troublesome bilious turns;*" generally but once a year, however, and that during the summer season. Appropriate treatment directed to the alimentary canal and liver always relieved these indispositions in a short time.

The summer previous to my patient's death, his health became more seriously impaired, and his indisposition was more persistent. At this time constipation took the place of diarrhœa, but the same loss of appetite, gastric irritability, pale yellow tinge of the skin, etc., occurred as on former occasions. After the severity of the symptoms had subsided, I advised him to a change of air, and, acting upon this advice, he made a visit to the western part of New York, remaining there several weeks. He then returned home much improved, and continued through the winter to enjoy comparative health, but not the vigor of former years. In the month of April he began again to decline, presenting the same train of symptoms as during the previous summer, with the addition of considerable dyspnœa upon slight exertion. I now began to feel much alarmed at his condition, and thoroughly examined the thoracic organs, fearing that there might be organic disease in that region, but could detect nothing whatever. The alvine evacuations at this time were also perfectly normal in appearance, showing no deficiency of

bile, or anything to suggest the existence of organic or even functional disease of the liver. Under these circumstances, I naturally adopted the diagnosis by exclusion, and directed my attention to the kidneys. The urine was of very nearly normal appearance to the eye, but, upon testing it with heat and nitric acid, I found it contained large quantities of albumen. The quantity of urine was above the normal standard, and its color somewhat paler than usual. It must now be borne in mind that my patient had never complained of pain in the renal region, had never had œdema of the extremities or effusion in the serous cavities, had never manifested any of the cerebral symptoms common in Bright's disease—in short, had never exhibited any of the more positive diagnostic symptoms of organic disease of the kidney. But here was evidently the sole seat of organic disease. This case is still further remarkable, inasmuch as none of these symptoms were developed up to the period of death, with the exception of coma a few hours before dissolution.

Some six or eight days before his decease, my patient began to complain severely of sore throat, and this anginose affection appeared to increase in intensity up to the last day of life. The mucous membrane of all the posterior fauces exhibited a deep red color, very nearly resembling that of the angina which usually accompanies erysipelas. The dyspnœa at this time was very great, and formed the most urgent symptom. Nothing afforded even temporary relief, and he gradually sank, becoming comatose a few hours previous to dissolution.

Post-mortem.—The autopsy presented a remarkably healthy condition of all the thoracic and abdominal organs, with the exception of the kidneys. These were both much increased in size, the enlargement being the result of the development of numerous cysts in the whole substance of the organ. They varied in size from that of a large filbert to that of a pin's head. The majority were filled with a clear albuminoid fluid, having not at all the odor of urine; a portion contained a muddy fluid, varying in color from a deep brown to a brick-dust red, appearing to me like the *debris* of old extravasated blood mingled with the clear albuminoid fluid above mentioned. Portions of the tubular substance of both kidneys appeared to be in a comparatively normal condition, but the cortical substance seemed almost wholly in a degenerated state, and here the cysts were large and very numerous.

The development of cysts in the kidney is by no means a rare occurrence, and their genesis is so well determined that it would be idle for me to attempt to present anything new upon this subject; but I believe it to be very rare that this degeneration proceeds to so great an extent as in the present case, while the general health is so well and so long preserved, and so few of the ordinary symptoms of renal disease are developed. The organic changes in this case must have been the work of years; and yet, up to a few months previous to dissolution, no serious derangement of the general health occurred, and no symptom pointing directly to the seat of disease. I attributed the dyspnœa accompanying the termination to uræmic poisoning, as it was too gradual and of too long continuance to admit of the supposition of œdema glottidis, one of the very rare terminations of *morbus Brightii*.

The only plausible explanation of the great want of renal symptoms for so

long a period in this case appears to me to be in the hypothesis that the cyst-formation was the predominant pathological element, and that a large number of the urinary canals remained for a long time pervious, and in a comparatively normal state. It may readily be conceived, adopting the cyst genesis of Frerich and others, that the blocking up of isolated tubuli by the fibrinous exudation, and the consequent distension of the Malpighian capsules into cysts, might go on for a series of years before involving so large a portion of the kidney as to cause the system seriously to feel the organic change and consequent loss of function; and furthermore, this gradual degeneration of the kidney would be much better borne than a sudden change in a large portion of the organ, such as is common in other more acute forms of Bright's disease.

REGULAR MEETING, *September* 10, 1856.

Fluid from Hydrocephalus.—Dr. WM. DETMOLD exhibited about half a pint of clear, limpid fluid, which he had removed to-day from a child laboring under hydrocephalus. He had frequently operated—in one instance, he was informed the child had recovered; otherwise, he had never cured a single patient by puncture and pressure. His experience was against hoping for good results. Surgeons generally are timid as to the introduction of air—in one of his cases air entered the cavity accidentally—no bad consequences ensued.

Peritonitis.—Dr. FINNELL presented the *rectum* and *colon* of a gentleman, some 50 years old. Seven years ago he was attacked with dysentery. Since that time he had frequent derangements of the digestive organs—constipation alternated by diarrhœa. Thirteen days ago, a bougie was gently introduced up the rectum. Symptoms of peritonitis were developed on the subsequent day. He died yesterday.

Post-mortem examination revealed evidences of general peritoneal inflammation—the abdominal cavity contained six ounces of pus. The veins of the colon and rectum were in a varicose condition. The lower part of the rectum was ulcerated and riddled in every direction. There were two fistulæ in ano, which opened into the rectum; one of them terminated an inch from the anus, the other an inch and a quarter.

Dr. MARKOE stated that the patient, from whom the specimen was obtained, had been under his care five years ago. He was then affected with diarrhœa and tenesmus. An examination by the speculum, at that time, indicated the present condition of the rectum.

Dr. POST remarked the specimen was interesting in another respect, viz: the point of termination of the fistulæ internally, just within the sphincter, its most usual place; the probe can, however, be passed up further, owing to a loose mucous membrane, which always accompanies these cases.

Scirrhus.—Dr. FINNELL next presented a *cancerous tumor*, removed from a female, æt. 29 years, married; the mother of four children, all of them of the strumous diathesis. She has always enjoyed feeble health, is of a dark

complexion, and thin, spare habit of body. Three years ago she noticed a small movable tumor on the left side, five inches below the nipple. After a quiescent period of two and a half years, it commenced growing rapidly, accompanied by sharp lancinating pains.

On the 16th of June she was placed under the influence of ether, and the tumor removed. It resembled a scirrhous tumor, taken from the breast, in all its parts. Examined by the microscope, it showed a few shells of irregular size and shape, with a large quantity of granulous matter imbedded in a structureless blastema.

Mrs. F. informed me that her mother had a tumor on the back, a little below the right scapula. It is irregular in shape, and larger than a hen's egg, causing no pain or inconvenience. She has given birth to thirteen children, all of a scrofulous constitution.

Mrs. F.'s grandmother died of cancer of the left breast at the age of forty-three. Her great-grandmother also died of cancer of the breast, of fourteen years' standing, at the age of forty.

One aunt, æt. 35, had a tumor of the left breast, the size of a hen's egg, eleven years ago. From the time of its appearance it grew rapidly for one year; it was then cauterized freely, and disappeared. The cicatrix is very painful at times, especially in warm weather.

Another aunt, æt. 38, the mother of two children, had a tumor in the left breast fourteen years ago. At the end of eighteen months from its first appearance, it was gradually removed by the use of iodine.

Another aunt, æt. 44, the mother of three children, has a tumor the size of a pigeon's egg on the instep, of ten years' standing; it is growing rapidly at present, attended also with pain.

Another aunt, æt. 48, the mother of two children, has a tumor on the right clavicle, of six years' standing; it gives no pain or inconvenience.

Another aunt, æt. 50, the mother of nine children, has a tumor in the right breast, of two years' standing; at present it is growing rapidly.

In five out of six cases, no children were born after the appearance of the tumors. Mrs. F.'s father died of consumption at the age of thirty-eight. Her grandfather died also of consumption at the age of forty-two.

Chronic Rheumatic Arthritis of Hip.—Dr. F. M. Wright presented a specimen of chronic rheumatic arthritis of the hip. The patient was an old colored man. No history of the case could be obtained, except that for some sixteen years before his death, he had been so lame as to be almost entirely unable to work, and at intervals suffered severe pain in the hip-joint.

He died from some other affection, and on *post-mortem examination*, the joint appeared to be firmly anchylosed, but after long-continued maceration, the bones separated, and presented very clearly the marks characteristic of the disease, viz: enlargement and flattening of the head of the femur, absence of articular cartilage and partial eburnation of its articular surface, and bony vegetations surrounding it. Precisely corresponding changes have taken place in and around the acetabulum, together with ossification of its

cotyloid ligament. These may all be seen with great distinctness in the specimens.

Cyanosis.—Dr. George T. Elliot presented a heart obtained from Mary C., who died on the 8th of September, aged four weeks. From her birth she had presented every symptom of cyanosis, and no other disorder of function than those referable to the circulatory system. She was kept on her right side, with her head elevated, the greater part of her life. On the 6th inst., she was bluer than I had ever seen her, and cold, though she nursed well, and presented no embarrassment of respiration or circulation. She was well rubbed and wrapped up, and warmth restored. On the 7th, she appeared as usual. Her skin, both on the body, face, and extremities, very much mottled, and especially blue at the extremities. She nursed well, and slept well, and continued to do so during the morning of the 8th. In the afternoon a change was observed, and she died easily and without pain. No convulsions, no stupor, no marked deepening of color; but her breathing becoming gradually fainter, finally ceased. The lungs were healthy, but little congested; collapsed cell; pericardium and pleuræ healthy in every respect. Circumstances prevented the removal of all the thoracic viscera, and the heart alone was secured without the ductus arteriosus. The heart is natural in size and appearance. The foramen ovale and Eustachian valve normal in position and size. The foramen ovale was sufficiently open at its upper border, to admit a No. 6 steel sound. The coronary vein will admit a No. 5 steel sound, and the probe can pass into an open space occupying a large proportion of the wall of the left auricle, and extending as far as the base of the left auricula, below as far as the line of demarcation between the ventricles and left auricle, and above as far as a good half inch. Aortic valves hold water.

Aneurism of Left Ventricle.—Dr. Elliot also presented a specimen of aneurism of the left ventricle. The following is the history of the case:—

Isabella Woods; Ireland; æt. 32; domestic; admitted to Bellevue Hospital, August 16, with the following symptoms: Great dyspnœa; congestion of the face and neck; frequent and small pulse; hands and feet cold and blue. With the exception of an attack of rheumatism seven years ago, her health has been uniformly good until the last six months, when her breath has been gradually growing short. A fortnight before admission, her feet and abdomen began to swell. When admitted, her abdominal walls were extremely tense, though the contained fluid did not appear to be great in quantity. There were also the signs of effusion into both pleural cavities, reaching on the right side somewhat above the inferior angle of the scapula, and rather less in quantity on the other. A distinct systolic blowing sound was heard over the apex, second sound natural; heart hypertrophied, with the apex reaching to the left of its normal beat; the patient was restive and suffering, and all satisfactory exploration was obtained with difficulty; the legs were extremely œdematous and painful, and when punctured in several places, discharged copiously. Ordered a hydragogue cathartic.

August 19. Passed a bad night, unable to sleep, tossing from side to side

in search of relief; bowels freely moved, but without relief. The urgency of the symptoms, and the apparently hopeless character of the case, led to the belief that paracentesis might afford some relief; and in the evening, some six quarts of fluid were taken from the abdomen. The omentum or intestines interfered with the flow, so that the last two quarts were only withdrawn by the aid of probes passed through the canula.

18*th*. Slept all night, much relieved by the operation. Dyspnœa still urgent. Diuretics and stimulants ordered, but without benefit. She steadily grew worse; effusion in chest and abdomen increasing, and greatly desired the relief from another operation; but as she had suffered more pain than usual in the vicinity of the wound, her wishes were not acceded to.

On the 21st, at 5 P. M., she died. *Post-mortem*, fifteen hours after death; face and neck extremely congested; abdomen considerably distended, containing about ten or twelve quarts of fluid; some fresh coagulable lymph on the convex surface of the liver; no other evidences of peritonitis; liver weighed 3 lbs. 11 oz.; capsule of Glisson commencing to contract; kidneys much congested; lungs healthy, with some old tubercles and cicatrices at apex of the left; they were much compressed by the pleuritic effusion, which amounted in all to some eight or ten quarts; heart hypertrophied, weighing with pericardium 23½ ounces; the pericardium contained 1 oz. of serum, and was attached, for about a space of three inches in diameter, over the anterior wall of the left ventricle—the adhesions were not very strong, readily detached, and leaving a red inflamed surface; aortic valves healthy; mitral valve, though sufficient, yet had its anterior curtain slightly thickened. The anterior wall of the left ventricle exhibited a dilatation soft to the touch, corresponding in extent with the adhesions of the pericardium; the wall was here very thin, about a line in thickness; the cavity was filled with a large clot, laminated, about half an inch in thickness, and three in diameter, nearly circular in form, and loosely adherent towards the base; between the laminæ was a cavity, holding near half an ounce of whitish fluid, containing pus. The heart did not appear to be the seat of fatty degeneration.

Cancerous Tumor involving the Œsophagus and Larynx.—Dr. Gurdon Buck presented the following case of *cancerous tumor involving the œsophagus and larynx*:—

P. Hopkins, æt. 70 years, of good constitution and very muscular habits, residing No. 26 Orchard Street, is a patient of Dr. Linsly. In the month of June, 1855, he began to be affected with a rough, hoarse condition of his voice, unattended with any other symptoms of derangement; his general health continued good, and he gained several pounds in weight.

It is now (Aug. 13, 1856) six or seven weeks since Mr. H. began to experience difficulty in swallowing, which has gradually increased. Attempts to swallow often excite strangling and severe cough that lasts a long time. He no longer attempts to swallow solids, and has a dread of taking fluids, so great is the disturbance it produces. He refers the obstruction to behind the larynx. Inspection of the fauces and pharynx, and digital exploration, detect nothing. Externally, the whole chain of lymphatic glands along the

track of the great vessels is enlarged, and some of them indurated. Behind the inner end of the clavicle a deep-seated tumor is felt on the right side of the œsophagus. On the left side of the neck there are no swollen glands perceptible. There is no tenderness on handling these. The breathing, within a few days, is becoming sonorous, with a rough laryngeal sound that sometimes is very loud, and attended with increased effort in inspiration. Dr. L. has passed the stomach-tube. I attempted it about a fortnight ago, and could not succeed: I passed a small-sized tube. Mr. H.'s general health is good, though he feels weak from insufficient nourishment.

Monday, Aug. 18. Visited Mr. H. with Dr. Linsly, and found him growing decidedly worse. His breathing has become very sonorous and labored. His cough troubles him very much, and is accompanied with strangulating paroxysms and copious expectoration of frothy, viscid mucus. Attempts to swallow excite these paroxysms. The tumor of the neck appears to have increased. The trachea seems deflected to the left side. His strength is failing from scanty food and violence of cough.

24th. Mr. H. continues to grow worse. The difficulty of breathing increases, and during the paroxysms of exacerbation the dyspnœa is extremely distressing. The tumor increases, and is apparent on the surface; it extends about three fingers' breadth above the sternum, and is very hard and knobbed. Held a consultation with Drs. Mott, Hoffman, Post, Watson, Markoe, and Linsly, to determine whether an attempt might be made to remove the tumor: it was not advised. Dr. Mott decidedly opposed any attempt being made, and Dr. Watson expressed the same view. The other consultants were of opinion that in the desperate and hopeless condition of the patient an operation was allowable; in case of failure, his condition would not be worse. None of my colleagues thought favorably of the other resource which I proposed, that of opening the trachea, and passing a tube down to its bifurcation. At this time Mr. H. had swallowed literally nothing for forty-eight hours. The suffocating paroxysms went on increasing in severity, so that the family were in momentary expectation of a catastrophe while they lasted.

26th. Mr. H.'s son called, to urge that something should be attempted for his father's relief. His father and the rest of the family were greatly disappointed at the result of the consultation on Sunday (24th). They all felt the utmost confidence in my skill, and would hold me blameless even should he not survive the operation.

At 2 o'clock P. M., Drs. Hoffman, Watson, Post, and Markoe were present by request, and Dr. Noyes, of N. Y. Hospital, Dr. Ives, of East Broadway, and Dr. Fair, of Columbia, S. C., by invitation. Dr. Linsly was absent from the city.

The tumor reached as high as the cricoid cartilage. He had swallowed nothing for four or five days, and this morning he had the most alarming paroxysm he had yet experienced. His family did not expect him to survive it.

Operation.—Without ether. He lay on his back, with head and shoulders elevated by pillows, the face inclining to the right side. The first incision extended from the middle of the right clavicle, along this bone, to the left sterno-clavicular articulation; a second incision, from the cricoid cartilage,

along the median line, downwards, met the first near its left extremity; the included angular flap was dissected up on a level with the muscles; the sterno-mastoid was raised from its anterior insertion, and turned outwards; the sterno-hyoid and thyroid were divided about their middle, and raised from above and below. The tumor was now arrived at, as it lay invested and bound down tightly by aponeurosis, in close contact with the trachea. The finger-nails and the handle of the scalpel were chiefly employed to detach the tumor from its connections in every direction. By persevering efforts, and with great difficulty, that portion of the tumor which lay in contact with the trachea, and emerged behind the clavicle, was removed, leaving an extensive chasm, which was bounded on the left side by the exposed trachea, and extended upwards as high as the thyroid cartilage. Downwards, the fingers passed behind the inner end of the clavicle and the top of the sternum. Posteriorly, the fingers came in contact with the muscle covering the cervical vertebræ, and passed, in contact with them, behind the œsophagus, towards the left side. The right carotid artery skirted the right side of this deep recess, and could be hooked forward by the end of the finger. In every direction portions of the morbid growth could be felt beyond reach. The trachea, besides being deflected to the left side, was also bowed forward, and could be felt, though beyond the reach of the knife, immediately above the notch of the sternum, and though it was freed from the portion of the tumor that encroached upon it, so far as could be felt. The respiration was not relieved, the dyspnœa continued as great as ever. It was now decided to open the trachea, as the only possible means of relieving the respiration. This was done by removing a triangular portion as low down as possible, and introducing a tube of extra length (say three inches). To our great joy, instant relief was afforded, and the respiration became free and easy. The lips lost their livid color, and the countenance assumed a more natural expression. The only ligatures applied were to three or four veins crossing the front of the tumor. The tube was secured *in situ* by tapes passed around the neck and shoulders; subsequently the tapes were cut short, and the ends secured by strips of adhesive plaster applied on either side of the neck, a short distance from the wound. The edges of the wound were brought together by sutures, except where the tube entered. Attempts were made by the patient to swallow, but most of the fluid regurgitated, and was expelled through the tube, and by the side of it through the wound. Further attempts were abandoned, and nourishment was injected through a tube passed into the stomach. The tube used for this purpose was of the size of a No. 12 catheter, and, in being introduced, it always encountered an obstacle at the commencement of the œsophagus, where it was temporarily arrested. A moderate degree of pressure soon overcame the resistance, and carried the tube onward into the stomach. The stomach, from having been so long empty, at first allowed only four or five ounces to be injected. Beef-broth was administered during the day, and milk-punch at night; they were given at intervals of six hours. After the introduction of the trachea-tube, there was no recurrence of suffocative symptoms. Respiration was performed with facility through the tube, except occasionally when the viscid tracheal secre-

tion accumulated in the trachea, and required repeated coughing efforts to dislodge it. The tube was cleansed at regular intervals. Mr. H. survived the operation about seventy hours, and expired as quietly as under ordinary circumstances. Within the first twenty-four hours the flaps of skin assumed an appearance of sloughing, and soon after became offensive, and a bloody serous fluid trickled from between the lower edges of the wound. His pulse was feeble and accelerated.

The following is Dr. Seelye's report of his second night, made on the next morning at 8½ o'clock:—

"The patient has not passed quite as comfortable a night as the last was, but has slept a good deal notwithstanding. The rattling of mucus in his lungs seemed to annoy him considerably, and he has less power to throw it off. About midnight his pulse began to lose in force, and his hands became cold; but the stimulant (milk and brandy), which I gave between 2 and 3 o'clock, restored both again."

It tired him so much to be raised, that I gave him his nourishment this morning in a recumbent posture, and experienced no difficulty in passing the tube; but, just as I finished the injection, and before withdrawing the tube, there issued quite a quantity of what I supposed to be the milk from the lower corner of the wound. To-day the front of the neck on either side of the wound was considerably swollen; red and shining erysipelas had evidently shown itself. The patient gave signs of uneasiness by putting up his hands to his neck and wincing whenever pressure was made on the swollen parts. Ordered infusion opii and acet. plumb. to the neck. It was evident through the night that he was failing; towards morning he refused further nourishment, and gradually fell into a state of stupor, still breathing easily through the tube, and died at about 12 o'clock on Friday, August 29. The tumor had never exerted any pressure on the bloodvessels of the right side of the head or arm. The only fluid raised by coughing was a viscid, frothy mucus. On the day of the operation, and before it was performed, patient raised, after violent coughing efforts, a large gob of very tough mucus stained with blood.

Dissection, ten hours after death.—The sutures, excepting one that had been removed, remained *in situ*. The flap of integument was far advanced in gangrene, and, when raised, brought into view the cavity of the wound, in a like condition. Its surface was everywhere of a dark-brownish appearance, fetid, softened, and decomposed. On exploring it with the fingers, the remains of the tumor could be felt extending behind and surrounding the bifurcations of the trachea, consisting of hard masses like swollen glands adherent to each other. The whole mass was removed, in connection with the windpipe and œsophagus, by separating the larynx from the os hyoides, and dividing the pharynx across on the same level, and dissecting up the whole from the cervical vertebræ. After a careful examination of the removed parts, it was ascertained that the diseased growths consisted of two distinct portions: *First*, a considerable mass, embracing and closely adherent to the trachea and œsophagus, extending from near the upper rings of the trachea down to its bifurcation. This mass was made up, apparently, of swollen, indurated

glands, firmly united together; and, wherever they lay exposed in the track of the wound, they were softened and in a state of putrilage. This mass was continuous with the chain of lymphatic glands extending upwards along the course of the large vessels of the neck, as high as the angle of the jaw. These were swollen, moderately enlarged, but not indurated. The *second* portion consisted of a growth originating in the walls of the œsophagus itself, and projecting into and filling up its canal. Its upper limit commenced behind the cricoid cartilage, at which point the stomach-tube had always been arrested on its way into the stomach. It occupied nearly four inches of the length of the œsophagus, and the only portion of its circumference, within this length, which was not invaded, was a narrow strip of about a finger's breadth on the left side. This tumor had a well-defined limit; its lower half was pendulous, and more distinct than the upper half. Its body was split longitudinally, as though it had been traversed by the tube on its way into the stomach. Its substance was softened and decomposed, and at the bottom of the cleft a free communication opened into the wound, from which a portion of the external tumor had been removed by the operation. The cavity of the trachea was exposed by laying it open anteriorly throughout its whole length. The opening made for the tube was found to involve the fourth, fifth, and sixth rings, and was situated opposite to the lower half of that portion of the œsophageal tuber which encroached upon the trachea. This encroaching portion commenced at the lower margin of the cricoid cartilage, and extended down to the *eighth* ring, forming an elongated tuber, broader and more salient in the upper half, and growing narrower and tapering in its lower half, occupying the posterior wall of the canal, and involving the right side of the median plane more than the left. Its surface was smooth, the mucous membrane of the trachea covering it, but still sound. The surface of the lower extremity of the tumor, and of the trachea below it, was abraded, apparently from the passage of the end of the tube. The remaining surface of the trachea and larynx presented no other abnormal appearance. The tracheal canal was diminished by the encroachment of the tumor to one-half its calibre, as nearly as could be judged.

Remarks.—In the above case, observed Dr. Buck, the result hoped for from the operation that was performed was realized; suffocation was averted, and the distressing dyspnœa relieved. After the introduction of the trachea-tube, there was no return of suffocative symptoms. Obstruction, to a certain extent, occasionally occurred from the accumulation of viscid mucus in the tube and trachea, but was relieved by coughing, and cleansing the tube. The communication between the œsophagus and the track of the wound was no doubt the result of the sloughing and softening produced by inflammation. The only evidence of the existence of the communication showed itself on the day preceding death, by an escape of a portion of nourishment from the wound at the moment a gagging effort was made by the patient during the operation of injecting the stomach.

The important practical lesson derived from the experience of this case is, to resort, under similar circumstances, to *tracheotomy alone, as low down as possible.* In this case, all the advantages would have thus been attained of

relieving the respiration and facilitating the introduction of nourishment into the stomach, and the serious consequences of the extensive wound of the operation, such as sloughing erysipelas (which no doubt shortened life), would have been avoided.

Art. VI.—*Summary of Transactions of the College of Physicians of Philadelphia.* (Prepared from the published Transactions.)

Stated Meeting, *June* 4, 1856.

Protracted Sleep.—Dr. S. W. Mitchell read a report of a case of protracted sleep which he prefaced by a few condensed statements of the various phenomena accompanying eighteen cases, being all that he was able to collect and tabulate.

Duration.—Of the 18 cases, nine slept protractedly, on several occasions. The longest sleep on authentic medical record, continued uninterruptedly during six months; another, that of Chilton, endured seventeen weeks.

Six cases of the eighteen passed a large portion of each day in sleep—as in one case twenty-one hours, in another twenty-three hours.

Character of the Sleep.—The sleep is usually described as profound. In other cases it was perfectly natural, and the patient was capable of being aroused for brief periods. Where brain disease preceded the sleep, these waking interrals were never perfectly rational. In the cases which were due to hysteria, the patients appeared to be more or less sane, when awake. The details of the state of skin, pulse, respiration, and functions generally, are, as I have stated, miserably meagre. In the best told cases, the evacuations are said to have occurred with almost natural regularity.

Age.—Here, again, there is a defect in the returns. All we can add, is that, with two exceptions, the patients seem to have been below middle life.

Sex.—Of the eighteen cases, ten were females, seven males, and one a child whose sex is not given.

Cause.—The age and sex of the patients combine to hint at hysteria as the most efficient of the causes. Two are distinctly affirmed to have been of hysterical temperament. Mental emotion is assigned as a cause in two cases. In three there was paralysis, either preceding or accompanying the sleep. A majority of cases could be traced to no distinct cause.

Remedies.—In no one case do these seem to have been of any value. Among them I find bleeding, blisters, baths of all kinds, an endless list of drugs, flagellation, acupuncturation, actual cautery to the spine and limbs, cutting, pinching, and irritants to the nose, etc., as white hellebore in powder, and strong ammonia. Neither vigor nor a cruel ingenuity seems to have been wanting in the application of the most extreme measures.

Result.—Of the eighteen cases, we have no report as to four. Eight recovered easily, without sequel. Two got well with loss of intellect, in one of them temporary. The other fell a victim to apoplexy, four months after

awaking. One recovered with insomnia as a sequel. One recovered suddenly after a six months' sleep, and instantly beginning to talk, resumed the train of thought which his slumber had suspended.

Of the eighteen cases, four are stated to have died asleep, as it were.

Strange to add, I can find but one account of any post-mortem examination, and in that one, the return is simply, no lesion!

The case which I am about to report is full, upon every point as to which the accounts of other cases are silent. The history of the case is known, the symptoms were accurately recorded, and the post-mortem examination offered at the least a choice of possible causes. Besides these details of ordinarily noted signs, it will be seen that, on other grounds, the case has a certain physiological interest.

M. C., female, æt. 45 years; unmarried; seamstress. Has large features, a coarse, dark complexion, and generally a robust masculine look. She menstruates regularly, and has daily evacuations. She has never complained of dyspepsia, or neuralgia; nor has she ever exhibited any hysterical affection.

Within three years, she has complained at times of headache, and her temper, once gentle, has become rather irritable.

On the 20th of July, 1855, M. C. began to live on a canal packet, which plied between Philadelphia and Albany. On 28th Oct. she was made seasick, during a gale of wind, on the Hudson River. This was followed by occasional dizziness and loss of sight. Nov. 4, she took a full dose of magnesia, to correct costiveness. Nov. 6, M. C. became suddenly giddy, complained of numbness in her hands, and of a difficulty in handling objects. A few minutes after, she fell upon the floor, as one dead. Cold to the head, and hot foot-baths revived her, so that although twitching a little, at times, she was able to give incoherent answers when questioned, not unfrequently spelling the reply slowly and deliberately.

During the three following days M. C. walked about as usual, with now and then an interval of some hours of deep sleep. At 11 o'clock on Wednesday, I saw her at her home in Philadelphia. She was lying upon a sofa. Her face was flushed and yellow, her eyes deeply injected, the pupils small and sluggish. Her pulse was 120 in the minute, hard, full, and labored. She protruded her tongue when repeatedly urged, saying sharply, "Didn't I do it?"

Elaborate questions elicited no reply, more simple ones she answered readily, complaining of headache and heat. At 12 M. she was put to bed. Her head was shaved, and cold water applied, 18 oz. of blood were taken from the arm, and 10 grs. calomel given internally. The bleeding lowered her pulse, and made her more rational. Talking freely, at times, and at intervals sleeping, she continued better until eight o'clock P. M. of the same day, when she spoke no more, and lapsed at once into a state of the most profound slumber.

Late on Wednesday night M. C. passed a few ounces of dark urine, loaded with bile. She had passed none for two days before, and when examined on the morning of Wednesday, her bladder was empty. A dose of salts, ordered

shortly afterwards, could not be given on account of a spasm of the temporal muscles, which held her jaws closely locked. Half a drop of ol. tigl. was substituted, and the same dose was repeated on Thursday morning. A blister was also placed on the top of her head. During the night she had many partial convulsions. Here and there the flexors of her limbs would be thrown into rapid spasm, and then slowly relax. This symptom, which was followed by profuse sweats, did not recur. The medicine acted freely, several times on Thursday. Urine passed twice, and the skin remained moist and natural.

During the three ensuing days her pulse averaged 97 in the morning, and fell uniformly towards night to 80. The respiration, on the contrary, increased in frequency as the night came on. On Monday, at 1 P. M., M. C. awoke just after taking a dose of assafœtida, at which her face expressed the utmost disgust. She remained awake one hour, answering my questions, with yes and no, quite rationally. On Tuesday, she awoke once, and on Wednesday thrice. At these times she knew those about her—named some of them, and complained of headache, and of the taste of the medicines. Thursday, awoke once and spoke several times clearly and well. Again, in the evening, she aroused better than at any previous time, while under the exciting influence of electric currents, and complaining of the means employed, pushed aside the wires. Friday—awake during two hours. Galvanism no longer affects her as it did. Saturday—during the last three days her pulse rose to 120, and now to 150; respiration rapid, and uneasy. Her jaws were no longer locked, but hung open, so that her mouth and tongue became dry and harsh. During Saturday, M. C. awoke once, replied rationally to short questions, and then slept, to wake no more. As the day advanced, her pulse grew quick and feeble, while her breathing, although hurried, was in no degree stertorous. During the day she urined as usual, but up to the last moment there was *no* involuntary evacuation of feces, although the *post-mortem* examination proved the sigmoid flexure to be filled with them. At 4½ A. M. on Sunday, M. C. ceased to breathe, expiring without convulsions, and exhibiting, up to the moment of death, all the visual signs of a calm but profound slumber.

Cadaveric section, thirty-six hours after death. Cadaveric rigidity nine hours after death.

The body was full and fleshy. Breasts and abdomen covered with one and a half inches of fat. Head large, bone sound, no fractures. Firm exudations on the outer surface of the arachnoid tunic, tying it closely to the dura mater for an inch on either side of the posterior two-thirds of the great longitudinal fissure. The arachnoid is knit in a similar manner to the pia mater, which comes away with it, leaving the brain exposed. A rough spicula of bone, one inch in length, and as thick as a knitting needle, lies imbedded in the dura mater a few lines to the left of the great longitudinal fissure, at about the middle of the posterior cerebral lobe. The exudations here mentioned are firm and unyielding, and evidently of no recent date. The vessels, on the surface of the convolutions are somewhat injected, and contain bubbles of gas. The cerebral tissue is firm, well developed, and perfectly healthy. A little yellow serum rests in the sub-arachnoid spaces, and in the ventricles.

There is no evidence of pressure at any point, and even the spike of bone in the wall of the longitudinal sinus, does not seem to intrude upon the brain tissue. A careful microscopic examination of the brain revealed no degeneration of its vessels such as often accompanies fatty alteration of the heart. The ventricular serum contained many of the recently described starch corpuscles, and a still more abundant deposit of these curious structures existed in every part of the gray substance of the convolutions which I submitted to inspection.

Chest.—Lungs healthy. Heart small. Fatty degeneration of right side chiefly, somewhat on the left. Tissue easily torn. Valves healthy.

Abdomen.—Liver healthy. Two large cholesterin calculi in the gall-bladder. All other organs healthy.

Uterus.—A fibrous tumor, about three inches in diameter, projects from the left side of the fundus of this organ. The ovaries are pale, with the exception of congested spots upon the right one, from whose stroma an ovule seems to have recently escaped. The patient, I may add, began to menstruate at her usual period, three days before she died, and, at the time of the examination, there was still blood in the womb, and in the vagina. No examination of the spine was permitted. The medulla oblongata and the upper inch of the spinal column were, however, healthy.

Remarks.—The case here reported seems to have been one of profound sleep. From Wednesday night until Monday at noon, the patient slept one long, and for the most part quiet slumber. If we except the period of convulsions on Monday night, there was no time at which a person, unacquainted with the case, would not have said, "She is asleep." During this time her pulse and breathing were good; and throughout, her urine was passed at regular intervals, and in normal amount. At a later period, even the bowels were moved without medical stimulus. During this sleep her pupils played freely, as a light approached the eye, but the ball did not follow a bright moving object as when awake. A sudden attempt, as if to strike the eye, caused no shrinking. A breath of air on the uncovered ball produced winking. Her lower jaw seemed partially locked, and could not be opened more than one-half an inch, although it acted well enough within that distance. When a crumb of bread was placed on the tongue, she moved the jaws, after a few moments' delay, but seemed unable to place the morsel between her teeth. There was no appearance of paralysis—taste remained unimpaired, and the act of chewing had all the seeming of a mere reflex phenomenon, such as is seen in the sucking motion of a sleeping child's lips, when touched by the finger or the nipple.

She swallowed fluids very well, after the first mouthful, which always caused laryngeal spasms. The primary volitional preparation for the secondary and involuntary movements of swallowing seemed alone to be absent. These remarks do not apply to her intervals of wakefulness.

Some of the other reflex phenomena were not less curious.

When the mouth, ear, or nose was tickled, she raised her hand, and with an open palm struck vaguely at the point of irritation. The movement resembled the paw-blow of an animal, brushing away an insect. A fly, cross-

ing her face, evoked like motions, but, when awake, she did not seem to regard these stimuli nearly so much—merely moving uneasily, or shaking her head abruptly. Whenever I irritated any insensitive, or unusual point remote from the outlets or inlets of the body, she would raise her arms uneasily, and grope in the air, or strike about her at random.

As I have said, the electrical currents of an alternative action battery awakened her once, and for some time seemed to cause great annoyance; further use of this, or other stimuli, failed always, after a time, to call forth such movements.

Whenever any irritant was long used, or whenever, during its employ, her hands were held, she began to gape, sigh, and finally to grit her teeth with excessive violence, a phenomenon which in such cases usually lasted for hours together.

Dr. Wood said that the case just reported recalled to his mind that of a boy, which occurred many years since, when experiments in "mesmerism" were made in this city. The boy was a pupil of the Deaf and Dumb Asylum, about fifteen years of age, and afforded extraordinary facilities for being operated upon. After he had for some time been made the subject of experiment, he acquired the power of passing spontaneously into the mesmeric state; and at last, on one occasion, he lay in this condition for three days, without waking. One phenomenon, however, appeared to show that his state was one of half consciousness; whenever the finger was attempted to be passed between his knees, as they lay against one another, he evidently resisted its movement. Various means that were employed failed to arouse him, until at last his head was shaved, and a blister applied to the scalp; this remedy proved successful.

Dr. Mitchell observed that when persons had frequently been mesmerized, they sometimes acquired the faculty of falling into a deep sleep at will. Sometimes, indeed, this occurred involuntarily, as he had witnessed in the case of a literary gentleman, the author of *Charcoal Sketches*, since deceased.

BIBLIOGRAPHICAL NOTICES.

ART. VII.—*The Transactions of the American Medical Association.* Instituted 1847. Vol. IX. Pp. 907. Philadelphia: Printed for the Association by T. K. & P. G. Collins.

IN our last we acknowledged the reception of this volume, promising further notice in a subsequent number. We now address ourselves to the pleasing though formidable task.

We would first remark that we view the magnificent volume before us with feelings of pride. Here are, aside from the space occupied by the mere business record of the Association, 800 pages of reading matter, comprising 20 separate essays, occupying from 8 to 164 pages each, all given to the world for the love of science, protected by no "copy-right," and published for the pecuniary advantage of no man or body of men. Here is evidence, if any were wanting, of the *benevolent* feature of the practice of medicine. What other body or association of men does as much, in addition to what each member does individually, for the benefit of mankind gratuitously?

The minutes of the meeting held at Detroit in May last were published in full in the REPORTER for June following, and the address of the President in a recent number, and we need do no more here than to refer to them. Then follows the second part of Dr. Frank H. Hamilton's "Report on Deformities after Fractures," the first part having been published in the *Transactions* for 1855, and a *third* and final part being held in reserve for presentation at the meeting of the Association in May next.

We have on one or two occasions spoken of the important service which Dr. Hamilton is rendering to surgery in this work, and as we shall have the opportunity of presenting hereafter a complete analysis of its contents, we reserve any further remarks until the work is completed, merely adding that we anticipate its completion, and publication in a separate volume (the author having asked and obtained leave of the Association to publish it in this form), with much satisfaction.

Hydrophobia.—The next report is by Drs. Thomas W. Blatchford and A. D. Spoor, on "Hydrophobia." Dr. Spoor, of Troy, having collected many statistics on this subject, Dr. Blatchford called the attention of the Association to the fact, at its meeting in St. Louis in 1854, and Drs. Blatchford and Spoor were appointed to report thereon.

The main object of the report is to ascertain whether the disease prevails more at one season of the year than at another; whether the community is more in danger from the bite of rabid animals in hot weather, and during "dog days," than during the colder months of the year. Our "dog laws," where they exist, are based in their operation on superstition, and it is high

time that the public mind was disabused as to the origin and time of prevalence of the fearful malady of which this report is the subject.

Causes.– Hydrophobia (*Rabies Canina*) is one of the diseases which has hitherto, to a great extent, baffled the attempts of the medical philosopher to account for satisfactorily, or to cure. Hence the disease is attributed to various and conflicting causes, and the remedies proposed are numerous and unsatisfactory, most of them being purely empirical, and unphilosophical. Among the causes to which the spontaneous origin of the disease in the canine race has been attributed, the Committee enumerate the following: want of food, or extreme hunger; want of water, or violent thirst; putrid food; drinking stagnant water; climate; particular seasons of the year; extreme cold or heat; and especially a certain mysterious influence which Sirius, the "dog star," is supposed to exert over the canine race. As remarked before, our "dog laws," where they exist, are framed in reference to this latter superstition, while statistics prove that the malady is the least prevalent just at the particular season of the year when they are operative. There is another cause to which the disease has been attributed, not mentioned by the Committee, viz: inability to gratify the sexual passion. But this is worth about as much as others enumerated, being at best a very wild *guess*. The Committee offer the *constitutional irrascibility* of the canine race as a different, and, in their view, the true etiology of rabies, and they offer some very pointed facts in support of their theory. Yet there are others which militate strongly against it—such, for instance, as those presented by Dr. John W. Green, on page 332 of the report. In proof of the ferocity of the dogs of Constantinople, Dr. Green mentions a circumstance in which the tragedy of the far-famed "Kilkenny cats" was almost re-enacted. A gentleman confided a valuable pointer to a servant, for the purpose of having him exercised. The servant returned without the dog, and, in response to the inquiry as to what he had done with him, held up one of his hind legs, which he affirmed was all he was enabled to save of the unfortunate animal. The dogs of that city are very ferocious and cowardly; and if perchance a strange dog makes his appearance upon the quarter already occupied by two or three others, they will at once fall upon him and tear him to pieces. At night it is dangerous to go about the streets without arms or a stout stick, as well as a lantern, for there are numerous instances where persons have been attacked while walking quietly along. Yet, with all this disposition to become irritated, Dr. G. was unable to find a single instance where rabies had ensued from their bite. But, whatever may be the prime cause of the malady, there is no question, we think, that it is mainly propagated by direct contagion—that is, by the inoculation of the healthy animal with virus from the affected one.

In this connection we would mention a well-authenticated case of hydrophobia which occurred in this vicinity some years ago. A man by the name of Wright contracted the disease while engaged in skinning a cow which died of hydrophobia. It was supposed that the disease was contracted by his holding the knife he was using between his teeth while employing both

hands, though it is quite as probable that the disease was absorbed through abrasions on his hands.

Prevention.—It has been proposed to eradicate the disease by confining all dogs for the period of six or eight months; but one of the Committee's correspondents, not having the fear of the "mighty hunters," whose highest ambition seems to be to fret out the lives of a few rail-birds or partridges, before his eyes, proposes *utter extermination* of the whole canine race! Another proposes very high dog taxes, so as to prevent any other than valuable dogs from being kept. Their value would insure their being well taken care of. This suggestion strikes us as worthy of consideration. In our own vicinity, many a poor person, who during a large portion of the year is assisted by charity, keeps one, two, or more dogs, whose profits as hunting or house-dogs for a whole year would not pay for a week's keeping.

Treatment.—"*Not knowing what to do, I did nothing,*" is the laconic and humiliating, yet honest, remark, under this head, of one of the Committee's correspondents. And indeed, for all that was actually done towards a cure, or even an alleviation of the terrible suffering, it might have been the report of nearly all the cases. It is truly humiliating to be compelled to make this admission, but we can draw no other conclusion from the published cases than that treatment of almost every kind is next to useless. Would that "the hair of the dog" would cure this bite! But, alas! the rational treatment of hydrophobia is yet to be discovered.

The Committee do not discuss the question of treatment at great length. Of the 95 cases reported by the Committee, in which the human being was bitten by rabid animals, 10 recovered after having been attacked by hydrophobia, and in 5 the disease does not seem to have been developed. From some cause, most of these are omitted in the report of cases—quite an oversight somewhere. From the fact that some of these very cases are referred to by the Committee, we are inclined to think that the omissions were made by the Committee of Publication to shorten the report. We might instance a great many of the cases published which had much better have been omitted, if it was necessary to omit any.

The Committee favor the excision of the bitten part as soon as possible. We do not see that they say anything of internal remedies. One correspondent—Dr. W. L. Atlee (p. 280)—expresses great faith in tracheotomy, though he does not seem to have had an opportunity of testing the operation. It was performed, however, in a case reported by Dr. Geo. N. Burwell, of Buffalo, N. Y., but without avail (p. 287).[1] Dr. R. D. Mussey says (p. 328): "Should I again be called to a person bitten by a rabid animal, I should apply to the wound very freely the tincture of iodine, especially if the wound was on a part which could not be readily excised." It is noticeable that of the ten cases that recovered, *five* were brought under the influence of mercury, while the notes of *four* of the cases are entirely omitted, so that we are unable to tell what treatment was pursued. We are surprised at the general

[1] "With all respect to those gentlemen who advocate that practice, no one, if I could help it, should make a hole in my windpipe."—Watson.

neglect, in the cases reported, of excising the parts. In the ten cases which recovered—and the treatment is reported—we only find two in which excision was performed.

In a case brought into the wards of New York Hospital, reported by Dr. Griscom, the doctor took occasion to test the truth of the notion that, in this disease, there is true hydrophobia—dread of water. The result was in opposition to the popular notion, for the patient could hold water in his mouth at will, so long as no attempt was made to swallow it; or he could hold ice in his mouth, and let it *trickle* down the throat, without any effort being made to swallow, with impunity. But so soon as any effort was made to swallow, the spasms came on. It would appear, therefore, from this, to be a dread of *swallowing*, and not a mere dread of liquids, that is such a prominent diagnostic sign of the disease.

To conclude, were we so unfortunate as to be bitten by a rabid animal, or had we a case to treat, being guided by the reports of the cases before us, and by our reading, we should, whether early or late, but as early as possible, have the bitten part *thoroughly excised*, and then *well exhausted by a cupping glass*, after which we should have it *thoroughly cauterized* with nitrate of silver, and then *kept in a state of suppuration* for some time. Should any suspicion of symptoms of hydrophobia supervene, we should wish *a blister applied to the spine*, and dressed with *mercurial ointment and morphia;* should *reopen the wound* if it was closed, and *wash it thoroughly and often with tincture of iodine*, giving *calomel and opium internally*, in large quantities.

The following is a recapitulation of the inoculations for the four seasons of the year, as derived, 1st, from the returns in the report itself; 2d, from those in the United States mortality census; 3d, from Tardieu's report for France; and 4th, from Radcliffe's report for England, making, together, 246 (250?) cases in which the month of inoculation was ascertained:—

	Report.	U. S. Census.	France.	England.	Total.
Spring—March, April, May	31	7	10	30	78
Summer—June, July, August	21	7	16	15	59
Autumn—Sept., Oct., Nov.	27	3	4	14	48
Winter—Dec., Jan., Feb.	23	9	10	23	65
	102	26	40	82	250

"The average period of incubation in the eighty-nine cases in which it was ascertained, was about seventy days—a much longer period than is usually given.

In 23 cases, it was	30	days and under.		In 3 cases, it was	80	days and under.
" 11	"	"	40	"	"	" 8	"	"	90	"	"
" 14	"	"	50	"	"	" 2	"	"	100	"	"
" 8	"	"	60	"	"	" 8	"	"	200	"	"
" 6	"	"	70	"	"	" 6	"	"	upwards of 200 days.		

"The average duration of the disease in the seventy-two fatal cases in the human subject, was three days.

"Five died on the 1st day, twenty on the 2d, twelve on the 3d, twenty-seven on the 4th, six on the 5th, three on the 6th, two on the 7th, two on the 10th, and one on the 21st.

"In eighty-nine cases out of 100, the injury was from the bite of the dog. In nine, from that of a cat; and, in one, each from a raccoon and a fox. One supposed from the saliva of a cow, and one from that of a calf.

"In forty instances, the injury was upon the hand; in fifteen, on the face; in eleven, on the leg; and in nine, on the arm."

The Committee observe, that in all but one of the cases reported as recovering after hydrophobic symptoms had manifested themselves, the period of incubation was very much shorter than in those cases which terminated fatally, in five cases the average being only fifteen days, whereas the general average is sixty-six. This should be borne in mind in making out a prognosis.

Next follow two reports on *American Medical Literature*—the first, a special report by Dr. S. D. Gross, on the "Causes which impede the Progress of American Medical Literature." This is a well-written, bold, and independent defence of the literature of our country, and an able plea for its proper support. But while Dr. Gross defends and advocates the literature of his country, condemning those who seek to establish a foreign literature, at the expense of equally as meritorious productions by American authors, he is not unjust to foreign writers, but favors the republication of foreign works in this country, provided they are presented on their own merits.

Dr. Gross administers a very wholesome rebuke to those editors of medical journals who lack independence in their notices of books. It is hard to submit to the charge of "venality," but we pass that by for the present. We made this the subject of a recent editorial, and are happy to find that our views harmonize so well with those contained in this valuable report. The doctor thinks that we do not profit sufficiently by our clinical advantages, for, although we have so many hospitals, dispensaries, &c., we have yet to publish the first American work on clinical medicine. This, certainly, is a great lack in our literature. We commend the views of this report to our readers, and hope they will all take the opportunity to *begin* to read it, for, once begun, we feel sure they will be beguiled, by its elegant style and composition, into reading the whole, and we can assure them they will find it both interesting and instructive.

The report of the Committee on "Medical Literature," of which Dr. R. J. Breckenridge, of Kentucky, was chairman, is an earnest and admirable defence of our national medical literature against the croakings of those who are constantly, and in very bad taste, lamenting over its deficiencies. These individuals had much better off coat, roll up their sleeves, and go to work to improve it—if they are capable of doing so. We think, with the Committee, that we have cause to "look with just pride upon our national literature, even the medical part of it." This report strenuously opposes an international copyright law. It advocates free trade in the labors of authors between all countries. The question is susceptible of argument, but we cannot enter upon it here.

The report of the Committee on "Plans of Organization for State and

County Societies," contains very excellent forms for such organizations, and we commend it to the consideration of those about to organize into societies.

We wish that, in accordance with the recommendations of this report, there could be uniformity in all our medical organizations, our State societies being auxiliary to the American Medical Associations, and the county societies auxiliary to the State, &c.

The report of Dr. N. S. Davis, of Chicago, on the "Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy," should, in our opinion, have been withheld for more extended investigation. Not that the report is not good—*so far as it goes;* on the contrary, the observations made by the doctor are very creditable to his industry; but three subjects and six examinations are too few to establish principles involving interests of so much importance as the health of the mother and her offspring. We trust that Dr. Davis will pursue his investigations in this important field which he has but *just begun* to explore. The following are the conclusions drawn from the observations which Dr. Davis has made:—

"1. The occurrence of pregnancy during lactation, produces a very marked diminution of all the solid or nutritive constituents of the milk, such diminution continuing to increase as pregnancy advances.

"2. In examining the separate proximate constituents, it will be observed that a much greater relative diminution takes place in the casein, the butter or oil, and the salts, than in the sugar and the extractive matter.

"3. There appears to be added to the milk secreted during the progress of utero-gestation, some of the *granular* bodies or colostrum corpuscles, and numerous minute infusoria or animalcular germs, which have been very rarely found in healthy milk.

"4. Changes, the same in kind, take place in the milk secreted after the establishment of regular menstruation, but much less in degree; and the relative diminution of the several constituents is more uniform."

But we are compelled to bring this notice to a premature close, which we do in the hope that we may be able to speak of the remaining reports, even though it be very briefly, at a future time.

The appearance of the volume—its whole "getting-up"—is very creditable to the Association, the workmanship upon it reflecting honor on the mechanics and artisans of Philadelphia. We presume that the Messrs. Collins, the printers of the *Transactions*, do full two-thirds of the medical printing in the United States, if not more.

ART. VIII.—*Handbook of Organic Chemistry; for the use of Students.* By WM. GREGORY, M. D., F. R. S. E., Professor of Chemistry in the University of Edinburgh, &c. Fourth American from the fourth London edition. Edited by J. MILTON SANDERS, M. D., LL. D., &c. Pp. 480. New York: A. S. Barnes & Co., 1857.

IN our last, we noticed a new edition of *Gregory's Inorganic Chemistry.* The author is an able chemist, and his works on chemistry are in every re-

spect reliable. The volume before us is, for a handbook, a very full and complete exposition of the present state of the science of organic chemistry. We hope, however, that the student who opens a "Chemistry" for the first time in his life will not have his sensibilities shocked, and his ardor dampened by such chemical compounds as *Diethylophenylamine* or *Diamylophenylamine!* Some of our readers may have an indistinct idea of what the *hydrated peroxyd of iron* is, but we venture to say that few of them could give us a very lucid idea of the *hydrated oxyd of methylethylamylophenylium!!* It is a pity that chemical science must be burdened with such outlandish terms as these, but, we presume, it must be so.

To the thorough chemical student, *Gregory's Inorganic and Organic Chemistry* (published in two uniform volumes), aside from some extravaganzas of the "American editor," will be an invaluable acquisition.

*** Among the extra professional periodicals with which we exchange, is *Godey's Lady's Book*. This monthly is, always and everywhere, a favorite with the ladies, is embellished with chaste and beautiful original steel engravings, fashion plates, and patterns for needle-work of various kinds. The reading matter is instructive and interesting. We take pleasure in commending the work to the notice of those of our readers who may have wives, sisters, or—cousins. Three dollars a year, for a single copy. L. A. Godey, Publisher, Philadelphia.

EDITORIAL.

THE TENTH VOLUME.

With the first number of a new volume of the Reporter, we present our readers with the compliments of a new year. May this year be to each of them, all that we dare *hope* for ourselves. Another year of reciprocal relations begins. We shall do something for them; they will, if they are true to us, and to themselves, do something for us. We hope that *all* will at least do as much as to promptly discharge their pecuniary obligations to us. Considering the very low—*too low* price at which the Reporter is furnished, this is *as little* as they can do. But we ask more. Can you not, when you remit the amount of your subscription, ease your conscience for paying so little for so much, by sending a new name to swell our list? We promise you that you yourselves will be the gainers for what you do for us. Such efforts, like the quality of mercy, will be

"——— twice bless'd;
It blesseth him that gives, and him that takes."

We have no new "pledges" to make, no new "platform" to construct. We shall endeavor to square ourselves to the one we stand on, as it is broad enough for all practical purposes, covering all the land, the motto inscribed upon it being "*Opiferque per orbem dicor.*"

We shall continue, and strengthen—if our readers will let us—our hold on New York and Philadelphia, and shall do all in our power to advance the interests of our readers, by enhancing the value of the Reporter.

But money is not all we want—we need communications, and hope they will not be withheld.

SCARLET FEVER.

This disease has, for some weeks, been very prevalent in different parts of the country, and proved much more fatal than for many years past. In a recent number of a Philadelphia daily

paper of extensive circulation, its readers are informed that belladonna, which can be furnished them by any homœopathic practitioner, is as sure a preventive of scarlet fever as vaccination is of smallpox. Now, this assertion, so boldly and recklessly made, is simply *not true*, and may prove to be very injurious, *first*, by inducing people to rely on a supposed preventive, to the neglect of other means, and *second*, by bringing into disrepute a valuable and certain preventive of smallpox by measuring its protective power by that of belladonna over scarlet fever.

This is one of the crumbs which the celebrated Hahnemann professed to give to the science of medicine, but, like the rest of his dogmas, it has failed to stand the test of time and experience. The medical profession, ever anxious to avail themselves of every thing that promises the alleviation of human suffering, whatever may have been its source, have investigated the claims of this, in common with the rest of Hahnemann's notions, to a place among the facts of medical science, and though from fallacious and imperfect observation it was, for a time, thought by many that it was to be relied on to prevent scarlet fever, further investigation and closer observation have convinced nearly or quite all who are not the blind followers of Hahnemann, even many professed homœopathists themselves, that there is no truth in the alleged prophylactic power of belladonna over this disease. We have no doubt but Hahnemann *supposed* he had discovered a preventive to scarlet fever, but like the rest of that remarkable man's notions, this was based on false logic, and supported by delusive and fallacious observations.

We propose to take another occasion to examine more in detail, into the claims of this drug as a preventive of the disease in question.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

This Society, like a very sensible body of men that it is, holds monthly conversational meetings for the benefit of its members. Not supposing that they wished to hide their light under a bushel, we made an arrangement by which we hoped to benefit our readers, and at the same time the members of the Society, by honoring them with a monthly report through our columns.

It seems, however, that some of the members are not ambitious

of honor, and prefer not to have their proceedings made public. But we are quite loth that the profession should not profit by so much wisdom and experience as must be given utterance to, by so large, and so respectable a body of men as compose that Society, and shall endeavor to effect an arrangement by which regular reports of these meetings will hereafter be given. To guard against inaccuracies, the reports can be submitted to the inspection of any member whose remarks are reported, that he may amend them to his liking, or he may furnish his remarks to the reporter, written out in full. This is the plan we adopt in our reports of the meetings of the New York Pathological Society. Thus a large number of medical men have the advantage of the observations and experience of some of the brightest lights in the profession, which otherwise would be confined to a comparatively small number.

We trust that the objections to our reports of the proceedings of this important medical organization will be removed, and that we will be able soon to resume them.

The following communication from our reporter will explain the cause of their suspension, which we trust will be but temporary.

Mr. Editor: At the last meeting of the Philadelphia County Medical Society, a distinguished member noticed the reports of its proceedings in your journal. He stated it as his opinion that the meetings of the Society were private, and that no one could claim the right of reporting their proceedings unless actually empowered by them for that purpose. He also said that a few remarks he had made at the discussion in October had been misrepresented; he having been made to say what he certainly did not intend to say. The President answered that there was no provision in the Constitution or By-Laws which met the case.

In making out these reports, Mr. Editor, which were never intended to be full and perfect, but merely to give a sketch and general outline of the proceedings, nothing was further from my mind than to violate decorum or give offence to any member of the Society. As to misrepresentation, I may say that however faint the outlines may be, they give perhaps an imperfect but certainly not a false view of any gentleman's remarks whatever.

Under the circumstances, however, as I have stated them, although there be no clause in the laws of the Society on the subject, it becomes impossible for me to continue my reports. Yours, truly, Observer.

PORTRAIT OF DR. DICKSON.

We add, this month, to the splendid series of portraits which we have already presented to our readers, a very fine one of Dr. Samuel Henry Dickson, of Charleston, S. C. We are indebted to the courtesy of Dr. Happoldt, editor of the *Charleston Medical Journal*, for the Memoir of Dr. Dickson, published in this number.

OUR EDITORIAL CORRESPONDENCE.

We are compelled to submit to occasional interruptions in our correspondence in New York and Philadelphia. Such omissions are less to be regretted, however, at such a time as this, when there is really very little of interest transpiring in the practice of medicine, anywhere, there being—with the exception of a pretty general prevalence of scarlet fever—an almost universal immunity from disease of any kind.

Last month our New York correspondent was compelled by other engagements to omit his letter, but his communication in this number amply repays the loss.

This month, our Philadelphia correspondence fails us for good reasons, but we expect that it will be renewed in the February number.

This feature of the Reporter has proved to be a very acceptable one to our readers, and exchanges. This journal is the only one that is well represented by correspondents in our metropolitan cities, and we feel assured that our readers can bear testimony to their uniform dignity, impartiality, and reliability. We shall do all we can to continue, extend, and add interest to it.

CALIFORNIA MEDICAL JOURNAL.

In the multiplicity of our engagements of late, we have failed to acknowledge the reception of the first number of the *California State Medical Journal*, published quarterly (144 pages) at Sacramento, California, under the proprietorship and editorship of John F. Moore, M. D. We are very favorably impressed with the journal. It is creditable both to its projectors, its conductor, and to the young and vigorous State which it represents. We take pleasure in adding it to our exchange list.

We acknowledge also the reception of a number of documents from members of the profession in Sacramento and San Francisco, some of which we hope to be able to notice hereafter.

MEDICAL SOCIETY OF NEW JERSEY.

We call the attention of our readers in New Jersey and vicinity to the notice of the Recording Secretary of the above Society on the second page of cover. The Society meets in Trenton on the fourth Tuesday (the 27th) of the present month, at 7 *o'clock P. M.* We trust there will be a full attendance of members—an interesting meeting—a good dinner—and that at the close of the meeting *we*, in particular, will be sent on our way *rejoicing!*

NEW YORK OPHTHALMIC INSTITUTION.

This institution, under the care of Drs. Stephenson and Garrish, has entered on its fifth year very auspiciously. The introductory to the fifth course was recently delivered by Dr. Stephenson in the University Medical College. Dr. Stephenson claims that New York has become "the Vienna of America" in this department of scientific knowledge. During the past year 1200 patients had obtained the services of the faculty and students gratuitously, and 4700 since its organization.

Lectures have also been delivered on diseases of the eye, and 200 physicians and students are now availing themselves of its advantages.

We have received a syllabus of Dr. Stephenson's course of lectures, and it seems to be very full, and the subjects well selected and arranged. We commend the institution to the notice of the student and practitioner. (*See* Advertisement.)

☞ *The North American Medico-Chirurgical Review* is the title of the new medical journal which is to appear this month in Philadelphia in place of the *Medical Examiner* and the *Louisville Review*.

The new journal is to be published every other month, and is to be under the editorial management of the late editors of the *Louisville Review*, Drs. Gross and Richardson; the former, Professor of Surgery in Jefferson Medical College, and the latter of Anatomy in the Pennsylvania Medical College. We wish the *Review* eminent success. J. B. Lippincott & Co. are the publishers.

EDITORIAL CORRESPONDENCE.

NEW YORK, *December*, 1856.

BELLEVUE HOSPITAL—ADDRESS BY DR. FRANCIS.

MR. EDITOR: A newly-erected pathological building, associated with the Bellevue Hospital and Almshouse in this city, was inaugurated on the 25th of October last, with interesting ceremonies and speeches by members of the medical and surgical staff. The venerable Dr. Francis, than whom no one has a deeper hold upon the affections of the members of our profession, made *the* speech of the occasion. He is the President of the Medical Board, and never rises to speak on any occasion without commanding the eager and undivided attention of his auditory. This result arises not more from his truly oratorical style of elocution, and the poetical beauty of his language, than from the severe rule which he has laid down for his guidance, which is, "never to rise to speak without having something to say which the audience has never heard before;" an excellent rule for aspirants for oratorical fame.

Dr. Francis gave his audience on this occasion some of the reminiscences of his junior days. He gave a concise history of the first introduction of clinical instruction in Great Britain, and of the practical labors of the late eminent

DR. WILLIAM SAUNDERS, OF LONDON, THE FIRST CLINICAL INSTRUCTOR,

to whom were awarded the claims of having been the original projector of clinical lectures at Guy's Hospital, now nearly a century ago. Dr. F. described his personal interview with Dr. Saunders in the following felicitous manner: "With a letter of introduction furnished me by Dr. Samuel Bard, the second President of the College of Physicians and Surgeons, and who had been a fellow pupil of Dr. Saunders, at Edinburgh, I approached him with due reverence. He was now at least midway between seventy and eighty years old. He surpassed the ordinary size, and, I think, might have had the bulk of some two hundred pounds or more. His countenance was of a sweet and benign aspect, with almost the freshness of youth; his features regular and well proportioned; his front full and elevated; his nose was well proportioned, and his gray eyes, arched with thick brows, bespoke intelligence. I saw no hirsute developments about him save his ample locks of driven snow, and his formidable cue, of at least one inch in diameter, and extending down his back to the verge of the sacral region. It needed but little elongation to make it a respectable walking-cane. His hand had the delicacy of a lady's. He wore a full-dress black coat with large side-pockets, a yellow vest, black silk breeches, and broad silver shoe-buckles. His whole appearance seemed like that of a gentleman of superior talents, retired from an eminent position. With an utterance somewhat grave, yet free and distinct, he spoke of his collegiate days at Edinburgh with his associate Bard. He spoke of the London school; of his earlier days with those of the present time; of his career as a clinical teacher; of John Hunter; the prospects of the American schools, &c. All that he said was delivered with a deep conviction of the sober trusts that had been confided to him, and with an emphatic and distinct articulation. Such was Dr. William Saunders, the author of our most popular text-books in my student's day—chronologically the *first* clinical instructor of London. As he had during his long life and prominent situation imparted knowledge to many of the men of our own land whose renown has reached you, I could not but give these reminiscences of him. The reflections which arise in contemplating this old teacher, the first who installed clinical science as a distinct branch of the profession, I must leave within your own bosoms. You, gentlemen, come here from remote parts, and I thought you would like to know something of the *personnel* of Dr. Saunders." Dr. Francis continued: "It has been often said that the organization of an Italian opera demanded a combination of talents which could be the result only of a union of artistic powers of the highest order, and that such a work gave assurance of the combined wisdom and genius of man, superior to any other proofs of his emotional and reasoning faculties. By the lovers of the melodious strains and of expressive harmony this encomium may be received as justifiable of the various emotions; yet I think I am war-

ranted to affirm, from a long survey of humanity, that institutions such as those to which our common labors are appropriated are the very essence of that Christianity which we profess to recognize as a ruling power—the active principle of social relationship and of individual virtue; they concentrate, if I may be allowed so to express myself, the very marrow of the laws of Mount Sinai, and the doctrines of Him who came with healing on His wings. Can you tell me of a sublimer sight than that of Cheselden, whose name you must revere as among the illustrious in our profession, conducting, in the closest bonds of friendship, the bard of all time, the tuneful Pope, in his visitation through the hospital, to survey, as the proper study of man, the sickness and the sorrows, the hopes and the triumphs of the Chelsea pensioners, under the treatment of that great master, whose skill, like the miracle of his Redeemer, poured eyesight on the blind? Mozart and Rossini may have exalted our feelings to an immeasurable height, and overwhelmed the tenderest sensibilities of the soul, and softened by cadences the roughest nature: our glorious Cheselden challenges a still loftier recognition; and a future Reubens and Leonardi might find in his active life a befitting theme for their grandest conceptions."

His further remarks had reference to the immediate institution in which they were assembled; and after a description of it, and its unsurpassed advantages of medical and surgical study and practice, Dr. Francis introduced to the audience Dr. Valentine Mott, who, after a few interesting remarks on the subject of clinical surgery, a course of which he first projected, in 1810, in Columbia College, proceeded to illustrate, upon the *cadaver*, the anatomy of hernia. He fulfilled his design with an animation and an earnestness which convinced his audience that fifty years of practice had not impaired either his manual dexterity or descriptive powers.

Dr. Mott was followed in a few remarks by Dr. A. H. Stevens, President of the College of Physicians and Surgeons; then by Prof. Willard Parker; and then, upon call of the audience, by Dr. Jas. R. Wood, one of the surgeons of the hospital. At the conclusion of his address, Dr. Wood announced that two premiums—one of fifty, the other of twenty-five dollars—would be awarded for the best two anatomical preparations prepared and presented to the proposed museum by the students of either of the three medical colleges of this city.

SURGICAL PRIZES.

Apropos to prizes, I had the pleasure of seeing and examining lately an impression in wax of a beautiful medal, which has been founded by Prof. V. Mott, for competition by the students of the medical department of the New York University. Three medals will be cast from the same design: one in gold, of the value of twenty-five dollars, is offered to the student who makes the best anatomico-surgical preparation of any part of the human subject; the second, of silver, of the same size, is offered for the second best; and a bronze one for the gentleman who shall prepare the best report of any *case* that occurs in any of the University cliniques. These medals will be awarded upon the decision of Dr. Mott and some one of his associates of the faculty

at the spring commencement. The design on one side is an exquisitely wrought medallion profile likeness of Dr. Mott, with his name and the date of the foundation; on the reverse side is a wreath, in which is to be inscribed the name of the successful competitor.

THE ACADEMY OF MEDICINE,

at its December meeting, had a variety of interesting business. First came a report from the Section of Public Health and Legal Medicine, on "Certain Articles of Diet alleged to contain Iodine, derived from Combinations of Ordinary Edibles with certain Varieties of Marine Algæ (sea-weed), together with Specimens thereof," which had been presented by the manufacturers, Messrs. J. & J. Coddington, druggists, of this city.

The statements of the report are based upon experiments made by Dr. John Davy and Prof. Apjohn, of Trinity College, Dublin, and upon information contained in the admirable contribution of Dr. Harvey to the publications of the Smithsonian Institute, on the "Marine Algæ of the North American Coast." All the marine algæ which have been examined have been found to contain *iodine*, existing in combination with potassium, iodium, or magnesium. They abound also in the phosphate of lime, that most important material for forming the solid portions of the higher classes of animals; in the fixed alkalies, of perhaps equal importance; and, above all, in those nitrogenous or *protein* compounds which are universally recognized by physiologists as the special, immediate sources of nutrition to animal life. The results of the chemical investigations of these able chemists surprised even themselves, for the amount of nitrogenous matter which the sea-weeds are found to contain exceeded that in some of the most nutritive edibles in common use. The mean of a number of examinations of several specimens shows that the proportion of nitrogen these algæ contain exceeds that not only of the ordinary articles of vegetable food, but even that of wheaten flour, being as 2.407 to 1.817.

The preparations which the section examined and reported upon were two varieties of algæ biscuit, and an algæ chocolate.

Algæ biscuit No. 1 is described as being made from the *Fucus Vesiculosus* (common bladder wrack), one of the most abundant on our coasts, in combination with wheaten flour. The algæ, after being washed and dried, is ground into flour, and thoroughly incorporated with the wheat, then made into biscuit. The odor and flavor of the biscuit immediately recall those of shell-fish, and are found almost uniformly agreeable to the palate. They are eminently digestible and nutritious, and, abounding in iodine, may be reasonably expected to suit those forms of disease for which that remedy is indicated, such as scrofula, phthisis pulmonalis, bronchocele, &c.

Algæ biscuit No. 2 is prepared as the preceding, by substituting the *Chondrus Crispus*, commonly called carrageen, or Irish moss, an algæ which is very abundant on the New England coast. It differs in appearance from the preceding, as also in taste. By some palates it may perhaps be preferred. In nutritious and medicinal values there will probably be found little difference between them, the constitution of the two algæ being essentially similar.

Algæ chocolate is made by combining either of the marine algæ with cocoa. It is claimed for this chocolate that, apart from its being a nutritious and agreeable beverage, it should possess in an eminent degree all the virtues to be found in cod-liver oil. Cocoa is known to contain fully one-half its weight of pure oleaginous matter, which is sometimes extracted by pressure, and used in the arts under the name of cocoa butter. It also contains a peculiar principle known as *theo-bromine*, which is perhaps the most nutritious article derived from the vegetable kingdom, and enjoys the singular property of preventing, to a great extent, the waste of the animal tissues. The algæ, associated with a body of such a constitution as that of cocoa, would seem, at least from an *à priori* point of view, to form a compound well adapted to all such cases as would be benefited by cod-liver oil.

HEMIPLEGIA BENEFITED BY TRAINING.

Dr. Batchelder exhibited to the Academicians a young man whom a few months before he had met in the street, a subject of hemiplegia, and which, from his description, *had been* a very bad case of three years' standing, the result of a severe injury. Commiserating his condition, and concluding that his present loss of power was rather the absence of association between the mind and the muscles, the doctor put the patient under a course of physical training, with the view of strengthening the defective muscles. A steady perseverance of only five weeks has had the happy effect of restoring to the patient so much power over his locomotive organs as to enable him to walk, without any support, in such a manner that a casual observer would hardly observe any defect in his gait. The power of his arm, also, has been greatly restored.

DR. E. BROWN SÉQUARD

then entertained and instructed the meeting with a description of some of his discoveries relative to the functions of the nervous system, having reference especially to the causes and cure of epilepsy. Space forbids my going into a full exposition of this exceedingly interesting lecture; and if none of your readers have ever heard Dr. Séquard, or seen any of his *vivisections*, they have missed one of the most remarkable of men, and of exhibitions of physiological skill and dexterity. The *new facts* which he opens up to his hearers carry us back, in imagination, to the days of Harvey and Hunter. He cuts up the living subject with as much *sang-froid* as you or I ever did a dead one, and yet the little animals upon which he operates seem to mind it about as much. In the present instance his subject was a guinea-pig, which he held in his hands, or up his sleeve, or allowed to roam over the table before him, and which actually had had the right half of its spinal cord divided, at about the eighth dorsal vertebra, some weeks previously. The first effect of this section of the cord was paralysis of the part supplied by it below that point; but in four or five weeks there ensued a state of *hyperæsthesia*, or increased sensibility of the unaffected side. This effect was observed to be more highly marked in a singular spot—*i. e.* a small part of the face and neck near the

angle of the jaw. On slightly pinching this part, an *epileptic fit was immediately produced.* The temperature at this point was two or three degrees warmer than on the rest of the surface, and, owing probably to this fact, that portion abounded in the eggs of a nameless little insect which is common to small animals.

The doctor concluded his discourse with some valuable hints relative to the causes and cure of epilepsy. Dr. Séquard is a Franco-American—*i. e.* a native of this country, of French parentage. A greater portion of his life has been spent in France, hence his speech has a decidedly French accent; but he manages his *native* tongue with great facility.

The best and fullest meeting ever held of the Academy, was one especially called a week after the regular meeting this month, to hear an address from

DR. E. H. BARTON, OF NEW ORLEANS,

on the subject of the etiology of *yellow fever.* The room in which the sessions are usually held was on this occasion crowded to repletion, both the subject and the speaker constituting unusual attractions. Dr. Barton is a decided advocate of the domestic origin of this disease, at least when speaking for New Orleans and other southern localities. He believes, however, that a certain concurrence of atmospheric and terrene circumstances is essential to its epidemic development—*i. e.* heat and moisture must abound on the one hand, and exhalations from decomposing organic matter on the other. These are the two blades of the shears, without *both* of which the occurrence of yellow fever epidemically is impossible. He does not absolutely deny the importability of that disease, yet he is very slow to admit its occurrence. On this point, I apprehend, he will find a general difference of sentiment in this city, for our experience with the disease is that its appearance here has, for the last few attacks at least, been demonstrated to be solely of foreign origin. That a peculiar hygrometric and thermometric state of the air is necessary to enable it to prevail to any considerable extent, is very probable, though, unfortunately, we have no meteorological records during the times of its prevalence to enable us to decide that point. The learned gentleman held his packed auditory in close attention for nearly two hours—a proof of the high importance of the subject, and of the eloquent and felicitous manner in which it was treated. The discourse is about to appear in print, as an addition to a third edition of his work on the same subject, which is now passing through the press of Balliére, of this city. It will well bear republication in your pages; and, in hopes of seeing it there, I will close my allusions to it on this occasion. It should be in the hands of every medical man in the country, for the valuable precepts it utters on the subject of sanitary matters generally.

Respectfully yours,
J. GOTHAM, Jr., M. D.

☞ We trust very soon to have arrangements completed, by which we will have Boston added to the large cities represented in our editorial columns.

Jan. 10, 1857.